

IEC Registration Form

Name _____ Email address _____

Phone (home) _____ (cell) _____

City _____ State _____

Name on your Name Tag _____

Is this your first time to attend IEC? Yes__ No__

Do you plan to stay overnight at the Season's Hotel? Yes _____ No _____

Check in date _____ Number of nights _____ Confirmation number _____

Name of person the hotel room is reserved in? _____
(YOUR name must be in the hotel registry with this person)

Room Mate's Name (s) _____

Your Payment Method:

Pay Pal _____ Personal Check (IN residents only) _____ Travelers Cheque, Money Order or Certified Bank Check _____

Indiana Residents payment with personal check _____

Out of State Attendee's payment with Money Order _____

Pay Pal Payment _____

How did you learn about IEC?

Please print this form, complete, sign, date, indicate payment method you choose, then return the entire form to me at:

Make Checks payable to: Betty O'Brien

Betty O'Brien

P O Box 647

Spencer, Indiana 47460

phone: 812-360-7548 or 812-829-4275

(You can Email me an attachment with this form if you used Pay Pal for payment to bettyobrien90@gmail.com)

*No Cancellation

Disclaimer: I understand I am completely responsible for my personal property and myself. I will not hold the Coordinator of this event, the Holiday Inn, nor anyone else associated with IEC responsible for any accident, theft or loss thereof to myself or my personal property while attending this event both prior to its beginning, during, the event and/or after it has ended. I further understand no one will be allowed to display, sell, vendor or attempt to take orders, from their room or anywhere on hotel premises while attending this event for any item pertaining to what will be sold by vendors at this Conference. Anyone doing so will be asked to leave the Conference without reimbursement.

Signature _____ Date _____