

25TH ANNUAL ILLINOIS STATEWIDE PRESERVATION CONFERENCE
JUNE 8-10, 2006 – BLOOMINGTON-NORMAL

REGISTRATION FORM

Please fax this form to **312-922-8112** or mail to the address below.

For more information, see our website: www.landmarks.org or call 312-922-1742

The basic registration includes all conference sessions, including the opening reception, continental breakfasts, admission to all McLean County Historical Museum exhibits and the Old House Society Annual House Tour. Lunches are additional. Early registration is highly recommended. There will be no refunds given after May 25, 2006.

Name _____
 Title _____
 Organization _____
 Daytime Phone _____ Fax _____
 Street Address (home / work) _____
 City, State, Zip _____
 E-mail _____ LPCI Membership # _____

So we may better plan the conference, please mark the events you plan to attend even if they are free:

REGISTRATION FEES

	<i>Before May 8</i>	<i>After May 8</i>
<input type="checkbox"/> LPCI Member	\$75	\$85
<input type="checkbox"/> Non-Member	\$75	\$100
<input type="checkbox"/> One Day	\$50	\$50
<input type="checkbox"/> Student Registration <i>Must present copy of valid student ID</i>	\$40	\$40
<input type="checkbox"/> I am a Speaker/Moderator	Free	Free

Saturday, June 10

<input type="checkbox"/> "Behind The Scenes" Walking Tour	Free
<i>Due to the varied stages of construction work at the three featured building sites, elevator service and disabled accessibility may be limited</i>	
<input type="checkbox"/> Old House Society House Tour <i>(transportation to sites not provided)</i>	Free
<input type="checkbox"/> Funks Grove Tour <i>(transportation to site not provided) (Lunch included)</i>	\$10
Total	\$ _____

**MEALS AND EVENTS
(Please check all that apply)**

Thursday, June 8

Opening Reception Free

Friday, June 9

Three-minute Success Stories Luncheon \$10

Success Stories Luncheon

I want to present a success story
(we will contact you)

Evening Reception & Movie Event Free

Make checks payable to:

Landmarks Preservation Council of Illinois
53 W. Jackson Blvd., #1315
Chicago, IL 60604

Or charge to:

- American Express
- MasterCard
- Visa

Name on Card _____

Card Number _____

Expiration Date _____

Signature _____