

**2000 Illinois Law-Related Education Conference Registration Form**

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Name \_\_\_\_\_

Title \_\_\_\_\_

School/Org. \_\_\_\_\_

School/Org. Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Fax (        ) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Email \_\_\_\_\_

*If you are an Educator:*

Grade Level \_\_\_\_\_

Courses Taught \_\_\_\_\_

[    ] Please send me information about being a vendor at the 2000 State Conference.

Registration fee must accompany this form. To receive the discounted rate of **\$50**, this form and a check must be received by **August 1**. After this date, the registration fee is **\$65**. All forms must be received by **October 6**. Mail to:

**2000 Illinois Statewide LRE Conference  
Constitutional Rights Foundation Chicago  
407 South Dearborn Street, Suite 1700  
Chicago, IL 60605-1119**

Make checks payable to **Constitutional Rights Foundation Chicago**. Please note that if you register for the workshop and for any reason are unable to attend, your registration fee **cannot** be refunded.