

**JOFA Chicago Regional Conference
Sunday January 15, 2006
Registration Form**

Name 1 _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name 2 _____

Contact info if different than above _____

Please make _____ reservations at \$15 per person – **Must be received by January 6th** (will be \$18 at the door)

Please make _____ student reservations at \$10 per person

_____ Yes, I am requesting childcare

Number and ages of children _____

Total Payment \$ _____

_____ Check enclosed (please make payable to JOFA)

Or

Credit Card # _____

Type of card (circle one) MC V Expiration date ____/____/____

Name on card _____

***You may mail this form to JOFA, 15 E26th Street, Suite 915, New York, NY 10010
or fax it to 212-679-7428***