

## ITMS Conference Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p><b>Registration Fees for the conference and all meals:</b></p> <p><input type="checkbox"/> ITMS Member - \$340.00 - from May 15.</p> <p><input type="checkbox"/> Non-Member - \$400.00 - from May 15.</p> <p><input type="checkbox"/> I prefer a vegetarian entrée at the banquet.</p> <p><input type="checkbox"/> Handicapped/special needs (<i>attach explanation</i>)</p>	\$ _____
<p><b>Accommodation:</b></p> <p><input type="checkbox"/> \$195.00 (single room for three nights - per person)</p> <p><input type="checkbox"/> \$120.00 (shared room for three nights - per person)</p> <p>If sharing, preferred roommate: _____</p>	\$ _____
<p><b>Additional Lodging Fee:</b></p> <p><input type="checkbox"/> Wednesday, June 14 - \$65.00 (no meals)</p> <p><input type="checkbox"/> Sunday, June 18 - \$65.00 (no meals)</p>	\$ _____
<p><b>Daggy Scholarship Fund:</b>                  Would you like to make a donation to the Daggy Youth Scholars Fund?  <small>Donations to the Daggy Scholarship Fund are tax deductible to the extent allowed by law.</small></p>	\$ _____
<p><b>Total (made payable to ITMS):</b></p>	\$ _____

**Please print and return, with check or money order in US Dollars payable to ITMS, to:**  
 Julianne Wallace  
 P. O. Box 845.  
 Reading PA 19607-