Registration Form

Register early, as programs fill quickly. No telephone or e-mail reservations will be taken. The return of this form with payment constitutes registration. Confirmation will be sent. For questions or further information, call (217) 782–5993.

Cancellation Policy:

Program fees will be refunded minus a 25% cancellation fee for cancellations made 5 business days in advance of the program date. A refund minus a 50% cancellation fee will be given for cancellations made less than 5 business days in advance. No refund will be given without advanced notification of cancellation. A full refund will be issued if the Museum cancels the program due to low enrollment.

Mail to:

Education Section Illinois State Museum 502 South Spring Street Springfield, IL 62706-5000

| Participant's Name | If Child, Age | | |
|---|---------------------------------------|--|--|
| Participant's Name | If Child, Age | | |
| If Child, Parent's Name | Daytime Phone | | |
| Address | Emergency Phone | | |
| City | State Zip | | |
| E-mail (optional) | ☐ Send me notice of events via e-mail | | |
| Are the participants members of the Illinois State Museum Society? ☐ Yes ☐ No Participant's | | | |
| Initials Program or Activity Title | Date(s) Time Fee | | |
| | | | |
| Enclosed is payment to the Illinois State Museum Society for total fee of \$ | | | |
| Make all checks payable to the Illinois State Museum Society. | | | |
| ☐ American Express ☐ Visa ☐ Master C | ard Discover | | |
| Credit Card # | Expiration Date | | |
| Name on Card | | | |
| Signature | | | |

Illinois State Museum Society Membership

Membership Application

Members receive the Society's quarterly newsletter *Impressions*, invitations to special events, and discounts on tours, classes, workshops, camp-ins, lectures and purchases in the Museum Stores and Artisans Shops.

For more information about membership, contact (217) 782-7011.

Please mail your check with this form to:

Illinois State Museum Society 502 S. Spring St. Springfield, IL 62706-5000.

| I/We would like to join the | Illinois State Museum Society a | t the following level: | |
|--|-----------------------------------|--|--|
| ☐ Family (\$50) ☐ Individual (\$35) | € \ | ☐ Sustaining (\$300) ☐ Contributing (\$100) | |
| Name | | | |
| Address | | | |
| City | State | Zip | |
| Telephone | E-mail | | |
| ☐ Enclosed is a check to the in the amount of \$ | e Illinois State Museum Socie | ety | |
| ☐ MasterCard ☐ V | isa | □ Discover | |
| Credit Card # | Expirati | Expiration Date | |
| Name on Card | | | |
| Signature | | | |