

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:

All paid programs offered in *Events & Activities* have a minimum enrollment. Programs that do not meet the minimum enrollment are subject to cancellation. In the event that a program is cancelled, a full refund will be issued. Every effort is made to notify participants of a cancellation at least 24 hours in advance.

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 _____

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 Card ☐ Discover

Credit Card # _____ Expiration Date _____

Name on Card _____

Signature _____

Photography Waiver Museum staff photograph public programs and their participants for use in promoting the Museum to its members and the general public. Please indicate below if you give permission for you or your child to be included in these photographs.

☐ Yes ☐ No Your Name (Print) _____

Relationship to Child (if applicable) _____ 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.

I/We accept the invitation to join the Illinois State Museum Society at the following level:

- ☐ Sustaining (\$300)
☐ Contributing (\$100)
☐ Family (\$50)
☐ Individual (\$35)

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

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

☐ Enclosed is a check to the **Illinois State Museum Society** in the amount of \$_____.

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Credit Card # _____ Expiration Date _____

Name on Card _____

Signature _____

Please mail your check with this form to:
Illinois State Museum Society, 502 S. Spring St., Springfield, IL 62706-5000.