

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**.

<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> 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 Karen Witter at (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 at the following level:

<input type="checkbox"/> Family (\$50)	<input type="checkbox"/> Sustaining (\$300)
<input type="checkbox"/> Individual (\$35)	<input type="checkbox"/> Contributing (\$100)

Name		
Address		
City	State	Zip
Telephone		E-mail
<input type="checkbox"/> Enclosed is a check to the Illinois State Museum Society in the amount of \$_____.		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card #		Expiration Date
Name on Card		
Signature		