

2009 Chicago-Area State Articulation Conference
Northeastern Illinois University **Thursday, September 17, 2009**

Registration Form

Name of Individual Completing the Form _____
High School _____
Telephone Number _____
Mailing Address _____
E-mail Address _____

Please list all of the individuals from your high school that are planning to attend. The registration fee is \$17.00 per counselor. Enclose check payable to Northeastern Illinois University by September 11th. After September 11th, the fee is \$20.00 per counselor.

| Names of Attendees | (Please print) | Email Address (required for e-confirmation) |
|--------------------|----------------|---|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

Total Attendees _____ @ \$17.00 each = \$ _____ *

Please mail form by September 11th to: Claudia Mercado, Director of Admissions
Northeastern Illinois University
Enrollment Services
5500 North St. Louis Avenue
Chicago, IL 60625

(*) Please note payment must be received and/or postmarked by Sept. 11, 2009, or you must pay the on-site registration fee of \$20. Late/On-site Registration is \$20 per person. Sorry, no exceptions. Please call (773) 442-4044 for questions or comments.

