



## Conference Registration Form

Please type the following as you would like it to appear on your nametag:

Name:

\_\_\_\_\_

First

\_\_\_\_\_

Last

Title/Affiliation:

\_\_\_\_\_

Are you currently a member of USBBY?

Yes

No

Please indicate whether you would like your name to appear on a list of attendees.

Yes

No

Please indicate if you require:

Vegetarian

Vegan

Gluten Free

Conference fees include: Registration, Friday dinner, Saturday and Sunday lunches, Saturday evening Briley dinner, and Saturday and Sunday breaks.

Conference fees are non-refundable.

**PAYMENT:** Please send this completed form along with a check made out to **USBBY** to:

**Christina Moorehead**  
**USBBY Secretariat**  
**National Louis University**  
**1000 Capitol Dr.**  
**Wheeling IL 60090**