

## REGISTRATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
School/Org. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

If educator: Grade(s) Taught: \_\_\_\_\_  
Course(s) Taught: \_\_\_\_\_  
\_\_\_\_\_

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## DEADLINE

All forms **must** be received by **October 18** accompanied by a check.

## REGISTRATION FEE

Registration fee of **\$75.00** must accompany this form. Make checks payable to Constitutional Rights Foundation Chicago.

Please mail to:

2002 Illinois Statewide Law-Related Education Conference  
Constitutional Rights Foundation Chicago  
407 S. Dearborn Street, Suite 1700  
Chicago, Illinois 60605-1119

Please note that if you register for the workshop and for any reason are unable to attend, your registration fee **cannot be refunded**.

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