

MENTOR/COACH REGISTRATION

View Professional Development and Registration Details at www.ilprincipals.org

RETURN TO

Illinois Principals Association

2940 Baker Drive Springfield, IL 62703 Tel: 217-391-0848

Fax: 217-391-0849

Email: lynne@ilprincipals.org

Name (required)

E-mail (required for confirmation)_

\$199

PLEASE COMPLETE ENTIRE FORM BY TYPING OR PRINTING IN THE FIELDS BELOW:
Note: Please submit a separate registration form for each attendee.

District Name and # Co				County	unty	
School						
City						
Phone			Fax		Cell	
Gender (optional)	☐ Male	☐ Fe	emale			
☐ Check here if yo	ou require sp	oecial a	ccessibility			
					If you are paying by credit card consider registering online at	
PAYMENT INFORM	ATION REQU	JIRED T	O PROCESS REG	ISTRATION FORM:	www.ilprincipals.org	
☐ Check #	(Please	include a	copy of completed	form with your check ma	ade payable to Illinois Principals Association)	
☐ Purchase Order # Billing Address:						
☐ Visa ☐ Master	Card 🖵 Di	scover	☐ American E	xpress		
Credit Card #				Evn	Signature	

Job Title