

ILLINOIS CLASSICAL CONFERENCE  
2003 Annual Meeting  
The University of Chicago

**Registration Form**

Name \_\_\_\_\_

School or business \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone (home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email address \_\_\_\_\_

**PAYMENTS**

	Amount
Registration Fee (\$35. per person).....	_____
Student Registration(\$5. per person) .....	_____
Saturday buffet luncheon (\$20. per person).....	_____
Saturday banquet (\$32. per person).....	_____
( ) Chicken Florentine ( )Vegetarian dish, Spanakopita	
Sunday buffet brunch (\$18. per person).....	_____
TOTAL ENCLOSED (Please make check or money order payable to Illinois Classical Conference.)	_____

**N.B. Registration forms and payments should be sent by 8 October 2003 to:**

Mrs. Jay F. Mulberry  
5542 South Blackstone Avenue  
Chicago, IL 60637-1854.