



Iowa School Age Child Care State Conference

October 23-24, 2015

Registration Form

Name _____

Organization _____

Address _____

City, State _____ Zip _____

Phone Number _____

E-Mail _____

I will be attending:

_____ Friday, October 23 (Cost: \$40)

_____ Saturday, October 24 (Cost: \$50)

_____ Both Friday and Saturday (Cost: \$70)

_____ I need a vegetarian option for lunch

Total Enclosed: \$ _____

(Please make checks payable to ISACA.)

Please mail registration by October 9 to:

Diane Ross
c/o Johnston KTC
P.O. Box 10
Johnston, IA 50131

Please wear comfortable clothing and shoes to allow for your comfort and ease of participation.

