

registration form

Name/Title

Organization

Address

City

State

Zip

Email Address

Number of People _____ at \$80 a person = \$ _____

Name(s) as it should appear on badge:

Last

First

(If more than one person is being registered using this form, please attach the list of names as they should appear on badges.)

Billing Contact Name

Please make checks payable to:

National Trust for Historic Preservation – Midwest Office

To register and charge your registration fees to your credit card,

go online to www.wisconsinhistory.org/hp/workshop/reg.asp.

I am also applying for a seminar scholarship. I understand that I am to pay the full registration fee at this time. If selected and I meet all the scholarship requirements, I will receive a reimbursement check at the conclusion of the workshop.

Please check the category box:

- House Museum Staff House Museum Board Members/Volunteers
 Architects Curators Historians
 Local Historical Society Member Tourism Professionals
 Educators Historic Preservation Professionals
 Historic Preservation Organization
 Student (Degree _____)
 Other Preservationist

Please check below if you have any special requirements.



- Special Assistance

(describe) _____

Please mail or fax this form with payment to:

National Trust for Historic Preservation – Midwest Office

53 West Jackson Blvd, Suite 350

Chicago, Illinois 60604

312.939.5547, ext. 37229 (phone) 312.939.5651 (fax)

mwro@nthp.org

www.nationaltrust.org

Return this panel with your payment