

ILLINOIS STATE ACADEMY OF SCIENCE

110<sup>TH</sup> ANNUAL MEETING  
April 13 – April 14, 2018  
Millikin University  
Decatur IL



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address  
Street

\_\_\_\_\_  
City, State, Zip

**MEMBERSHIP STATUS (please check appropriate box)**

Current Regular Member

Non-member Guest

Current Student Member

Life, Emeritus, or Honorary Member

Inactive or Non-member

\_\_\_\_\_  
Name of Guest (for name badge)

**REGISTRATION FEES – includes meals (Photocopy for more than one registration.)**

*\*All presenters must register for the meeting and must be current ISAS members.*

ISAS Regular Member (\$90, increase to \$100 after March 23)	\$ _____
ISAS Student Member (\$45, increase to \$55 after March 23)	\$ _____
Non-Member Regular (\$135 increase to \$145 after March 23)	\$ _____
Non-Member Student (\$67.50, increase to \$77.50 after March 23)	\$ _____
Non-Member Guest (\$45, increase to \$55 after March 23)	\$ _____
Contribution to ISAS General Fund	\$ _____
Contribution to ISAS Division Fund (list division) _____	\$ _____
Contribution to ISAS Student Grants Program	\$ _____
<b>Total (payment must accompany form)</b>	<b>\$ _____</b>

**MAILED REGISTRATION MUST BE RECEIVED NO LATER THAN April 10, 2018**

Send to: Illinois State Academy of Science [make check payable to same]

1011 East Ash Street  
Springfield IL 62703

Phone: 217-782-6436

\_\_\_\_\_  
*Do not write below this line*

**ISAS Annual Meeting Registration Receipt**

Received \$ \_\_\_\_\_ On \_\_\_\_\_ From \_\_\_\_\_