

alzheimer's association®

1. FAX registration information along with completed credit card information to 217.726.5185

(complete one form per each registrant)

Name: _____	Type of Card:
Company: _____ (if applicable)	<input type="checkbox"/> American Express® <input type="checkbox"/> Discover®
Address: _____	<input type="checkbox"/> MasterCard® <input type="checkbox"/> VISA®
City/State/Zip: _____	Credit Card Number: _____
Phone: _____	Expiration Date: _____
Name on Card: _____ (if applicable)	

OR

2. MAIL registration information along with your check to:

Alzheimer's Association
Springfield Advocacy Day
2921 Greenbriar Drive, Suite C
Springfield, IL 62704

(complete one form per each registrant)

Cost is \$10 per person.

Registration Information

Name _____

Job Title _____

Employer Name _____

Home Address _____

City/State/Zip _____

Phone _____

Fax _____

E-Mail Address _____

If bringing more than one person, provide their names and emails addresses below: