



PRE-REGISTRATION FORM

(Please print or type one form for each individual)

Name: _____ Title: _____
Business Affiliation: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Nickname Desired for Name Tag: _____
E-Mail: _____

The registration fees are:

	Number	Amount
Registration (dues and one luncheon) after April 15, 2011.....	\$95.00 (ITE Member)	_____
Registration (dues and one luncheon) after April 15, 2011.....	\$105.00 (Non-Member)	_____
Student Registration (includes luncheon).....	\$25.00	_____
Extra Luncheon Guest (each)	\$25.00	_____
Continuing Education Credits Certificate from ITE (included)		

Total Registration Fee \$ _____

Please check if attending the Young Professionals course on Thursday afternoon

Please check if attending the Technical Session on Thursday afternoon

Please check if you would prefer your contact information not be shared with others

Please mail pre-registration form and payment to:

**Intermountain Section ITE
P.O. Box 186
Billings, MT 59103**

Questions? Please contact:

Bruce Christensen
(208) 886-7860
Bruce.Christensen@itd.idaho.gov

After **May 1, 2011**, please plan to register in Jackson.

Make checks payable to: **INTERMOUNTAIN SECTION OF ITE**