

Council of Councils Registration

Please complete the form below and mail it to:

Michael Pulley
Southern Illinois University Edwardsville
Information Technology Services
30 Hairpin Drive
Edwardsville, IL 62026

Contact Information

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____

Mobile Phone: _____

E-mail: _____

University: _____

Emergency Contact Information

First Name: _____

Last Name: _____

Phone: _____

Relationship: _____

Topics of Interest

Please list in the space provided below, any topics of interest that you would like discussed at the Council of Councils.

Breakfast Order (please check one)

- I will attend Breakfast
- I will not attend Breakfast
- Vegetarian meal preferred
- I have special needs or dietary restrictions

Lunch Order (please check one)

- I will attend lunch
- I will not attend lunch
- Vegetarian meal preferred
- I have special needs or dietary concerns

Please list any dietary restrictions or allergies below

Please indicate any special needs below

I will need SIUE parking accommodations

YES NO

I will be staying overnight at The Country Hearth Inn and Suites

YES NO

I will be joining the SIUE Staff Senate Thursday October 22, 2009 for Dinner

YES NO

I will be joining the SIUE Staff Senate Thursday October 22, 2009 for Entertainment

YES NO
