

Section E

Please add your Sub-Totals from Sections B & D above:

Section B Sub-Total (Seminar): _____

Section D Sub-Total (Dinner): _____

Grand Total Amount Due: _____

If sending by fax (312-602-4964), include Credit Card #	If mailing, make checks payable to: <i>IACDL</i>
_____ Credit Card #	Mail to: IACDL P.O. Box 2864 Chicago, IL 60690
_____ Exp. Date	

For more information, call IACDL at (312) 401-8090 or email: info@iacdl.net