



CONFERENCE REGISTRATION FORM

2006 COMMUNITY ENTREPRENEURSHIP ACADEMY

THURSDAY, OCTOBER 19, 2006

9:30 am to 3:30 pm

Newton DMACC Polytechnic Campus

**600 N. 2nd Ave. West
Newton, IA 50208**

**Make Checks Payable to:
ISU Department of Economics –
CVC**

**SEND PAYMENT TO
REGISTRATION
COORDINATOR:**

**Becky Johnson
Community Vitality Center
478 Heady Hall
Iowa State University
Ames, Iowa 50011
Telephone: 515-294-3000
Fax: 515-294-3838**

REGISTRATION INFORMATION:

Iowa State University requests this information to preregister you in a conference. No one outside the university, with the exception of participants in this conference, is routinely provided this information. If you fail to provide the required information, we cannot promise accurate registration. (Reference Iowa Code, Chapter 22:11; Iowa Fair Information Practices Act.)

First & Last Name (Please Print) _____

Organization or Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: () _____ Home Phone: () _____

E-mail: _____

Will You be a Speaker at the Conference? ____ Yes ____ No
(Registration Fee is Not Required for Speakers)

Will You be Attending Lunch? ____ Yes ____ No

REGISTRATION FEE BY OCTOBER 10th - \$40.00 per person

REGISTRATION FEE AFTER OCTOBER 10th - \$50.00 per person

**PAYMENT MUST BE ENCLOSED:
Total**

\$ _____

(Sorry – No Credit Cards Accepted)

**CONFERENCE
COORDINATOR:**

**Mark Edelman
477 Heady Hall
Iowa State University
Ames, Iowa 50011
Telephone (515) 294-6144**