



ICSB 2005 Accompanying Persons Registration:

Print the form and mail with payment to the address below.
Checks payable to USASBE

	Quantity	Total Amount
<u>Wednesday, June 15, 2005</u>		
ICSB Opening Reception (6 pm)	() x \$40	= _____

<u>Friday, June 17, 2005</u>		
ICSB Gala Dinner (6-9:30 pm)	() x \$75	= _____

TOTAL: \$ _____

First Name _____ Last Name _____

Member you are accompanying _____

Address _____ Country _____

City _____ State/Province _____ Zip _____

Credit Card Billing Address

Address _____

City _____ State _____ Zip _____

Name (as it appears on card) _____

Credit Card Number _____

Expiration Date _____

Signature _____

Send form and payment to:

Joan Gillman
USASBE Executive Director
UW-Madison/Grainger Hall
975 University Ave. #3260
Madison WI 53706 USA
Phone: 1-608-262-9982
email: jgillman@wisc.edu