

**2010 Idaho Society of Professional Land Surveyors
 Conference Registration Form
STUDENT REGISTRATION
 For Full Time Students in College Level Surveying Curricula
 (Please use separate form for each registrant)**

Name: _____

Institution: _____

Address: _____

City _____ State ____ Zip _____

Phone: (Work) _____ (Home) _____

E-mail _____ ISPLS Member? Yes ___ No

		Amount
Full Time Student Attending Conference (Includes buffet Thursday night at the Scholarship Auction)	\$10.00	_____

Wednesday Banquet _____	\$30.00	
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Subtotal _____

Guest Name _____

Check Number _____	Total:	_____
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Make check payable to: ISPLS

VISA/MC Card # _____

Expiration date _____

Cancellation Policy: Full refund if cancellation is received prior to March 1, 2010.

Signature _____ Faculty Signature _____

Mail completed form with payment to:
ISPLS, P.O. Box 7886, Boise, ID 83707-1886

For more information contact our office: (208) 658-9970 or info@idahospls.org