

EDUCATION BENEFIT SEMINAR REQUEST FORM

Request for our chapters education benefit seminar:

Check one: **Online** **Onsite** **On the Phone**

Title of Seminar Date of Seminar

Location of Seminar (City, State) Anticipated # of Participants

Request for a carry-over chapter education benefit seminar:

Check one: **Online** **Onsite** **On the Phone**

Title of Seminar Date of Seminar

Location of Seminar (City, State) Anticipated # of Participants

Contract with ICC to provide a seminar(s) in conjunction with chapter seminar(s):

Check one: **Online** **Onsite** **On the Phone**

Title of Seminar Date of Seminar

Location of Seminar (City, State) Anticipated # of Participants

Note: An approved carry-over education benefit seminar from the previous year may be used consecutively and/or the chapter may contract for additional training days. Please provide the appropriate information above for each seminar requested. A minimum of 30 participants is required each day in order to use your chapter education benefit or carry-over education benefit seminar.

TWO EASY WAYS TO REQUEST A CHAPTER BENEFIT SEMINAR:

Mail

Return this form to:
ICC
Chicago District Office
Attn: ICC Seminar Coordinator
4051 W. Flossmoor Road
Country Club Hills, IL 60478
1-888-422-7233, ext. 33818

Fax

1-708-799-2651

CONTACT INFORMATION:

Name (please print)

Organization/Chapter

Address 1

Address 2

City/State/Zip

Telephone

Fax

Email

SHIPPING ADDRESS:

Name (please print)

Organization/Chapter

Address 1

Address 2

City/State/Zip

Telephone

Fax

Special Instructions

BILLING INFORMATION (for materials and/or contracting for additional days).

- Same as contact information above
- Same as shipping information above
- Other _____