

The Northwestern Illinois Association
Workshop Registration Form
(printed from www.thenia.org)

Please print clearly and fill out thoroughly.

Mail completed registration to one of the following addresses:

Assistive Technology Inservices

The NIA
245 West Exchange Street, Suite 4
Sycamore, IL 60178
815.895.9227
FAX 815.895.2971

Therapy Inservices

The NIA
2422 W. Main Street, Ste 3A
St. Charles, IL 60175
630.513.6781
FAX 630.513.1980

Autism Inservices

The NIA
3626 East State Street
Rockford, IL 61108
815.964.0937
FAX 815.964.2210

If applicable, make check payable to NIA.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

District/Agency: _____ Position: _____

I am registering for the following event(s):

Date: _____ Title: _____

Special Accommodations Required (including dietary needs):

