



HEFMA 2017 Summer Conference at the University of Chicago

June 11-14, 2017

Registration Confirmation Form

First Name _____ Last Name _____

Institution Name _____

Email Address _____

Phone _____

1. Please specify if you require any special dietary needs? _____

2. Please specify if you require special accessibility assistance? _____

3. Did you book your hotel room? (Yes, Not Yet, or Local Commuter?)

4. To complete your conference registration, please send this form with your check for \$300.00 payable to **The University of Chicago** by May 11th to the address below. (No refunds for cancellation after May 11th.)

Jill Jureczko
The University of Chicago – Facilities Services
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