



2009 Iditarod Summer Conference "Idita- Summer Camp for Teachers" June 21 – 29- Wasilla, Alaska

Please complete this form for the Summer 09 Conference Date _____

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

School Name _____

School Address _____

Grade Taught _____

I am not an educator but I am attending this workshop.

How did you hear about our conference? _____

CONFERENCE FEE: \$685.00

Cash _____ CK # _____ Credit Card: VISA M/C DINERS AMEX
DISCOVER

CC # _____

Exp. Date ____ / ____ / ____ NAME ON CARD _____

Register by phone/email: djohnson@iditarod.com : (605) 228 6071
OR: Mail payment and a copy of this form to: Check to: Iditarod Trail Committee
Mail to: Attention: Don Patterson
P.O. Box 870800
Wasilla, AK 99687

PLEASE: Email djohnson@iditarod.com after sending the form to Wasilla.

For Employee Use Only

Sold by: _____ Receipt Mailed _____

Entered Computer _____ Cash Register Date 1st Pmt _____

Cash Register Date-2nd Pmt _____