



INDEPENDENT LOTTERY RESEARCH

# ILR RESEARCH CAMP

Registration Form  
July 15<sup>th</sup> and 16<sup>th</sup>, 2010

## REGISTRATION FEES

|                 | Early Bird<br>(Before July 2nd)              | Regular Registration                         |
|-----------------|--|--|
| Lotteries       | \$750<br>Each Additional Attendee<br>\$650   | \$1,000<br>Each Additional Attendee<br>\$900 |
| Lottery Vendors | \$1,200<br>Each Additional Attendee<br>\$650 | \$1,450<br>Each Additional Attendee<br>\$900 |
| Past Attendees  | \$650  | \$900  |

Note: Price includes lunch both days and events. No refunds. All sales final.

Lotteries: \_\_\_ # of tickets      \$ \_\_\_\_\_  
Lottery Vendors: \_\_\_ # of tickets      \$ \_\_\_\_\_

Payment Type: \_\_\_ Credit Card\*      \_\_\_ Check\*\*

Credit Card Type: \_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ American Express

Name that Appears on the card: \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code: \_\_\_  
(3-digit number on reverse)

Expiration Date: \_\_\_ / \_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please list names and information for all attendees:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\*If paying with a credit card, you may fax in the registration form.

\*\*Checks should be made payable to Leo J. Shapiro & Associates, L.L.C. and mailed in with the Registration form.

Leo J. Shapiro & Associates  
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Fax (312) 321-0607