

2023 Annual Awards Banquet Reservation

Please return this form along with your payment to:

Illinois State Historical Society
PO Box 1800
Springfield IL 62705-1800

Name: _____

Mailing Address: _____

City, State, Zip: _____

Names of members attending at \$50 each: _____

Names of non-members attending at \$60 each: _____

If paying by credit card, give name on card and address if different than above

Name on card: _____

Mailing Address: _____

City, State, Zip: _____

Credit card number: _____

Expiration date: _____