

CAFDN
Chicago Area Faculty Development Network
www.cafdn.net

Institutional Membership for Academic Year 2014-5: \$125 (\$150 if paid after Nov. 14)

Contact Information (Please Print)

Name of Contact Person: _____

Position Title: _____

College/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax#: _____

Email Address: _____

Check One: New to CAFDN Renewing Membership

To whom else in your institution should we send info about upcoming CAFDN events?

Institutional Contact #2

Name of Contact Person: _____

Position Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

Institutional Contact #2

Name of Contact Person: _____

Position Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

Make check payable to CAFDN or the Chicago Area Faculty Development Network. Mail to:

CAFDN
c/o Dan Miller
Academic Dean
Northwestern College
7725 S. Harlem Ave.
Bridgeview, IL 60455