

Institute of Women's Health & Integrative Medicine

October 22 - 24, 2010

Registration Form

Name:

Last _____ First _____ Middle _____

Degree _____ Email _____

Mailing Address:

Street _____ Suite _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

Form of Payment: \$45.00 fee to be charged for any cancellations after April 5, 2010.

PLEASE CHECK ONE: NO REGISTRATIONS WILL BE TAKEN AT THE DOOR - PREREGISTRATION IS REQUIRED

Registration fee ON or BEFORE October 5, 2010

- New Attendee - \$395.00
- Previous Attendee - \$375.00

Registration fee AFTER October 5, 2010

- New Attendee - \$460.00
- Previous Attendee - \$425.00

If you fax or mail in your registration and have not received a confirmation email or receipt and packet before the conference please call 503-222-2322

- Bill my credit card: Visa Mastercard Check is enclosed
- Amex Discover

Credit Card Number: _____

Expiration Date: _____ Signature _____

Registrations paid by credit card can be faxed to 503-222-0276.