

REGISTRATION FORM SEPTEMBER 4-6, 2008 DEADLINE DATE: AUGUST 15, 2008

LAST NAME _____ FIRST NAME _____ MI _____

MD RN RD PT OT Other (please specify) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ FAX _____ EMAIL _____

ORGANIZATION/COMPANY _____

Please mark this space if you need special accommodations, and a member of the conference staff will contact you.

Fees (for entire conference)

We will send a confirmation letter, including maps of the conference site area and driving and airport transportation options, as soon as we receive your paid registration.

MDs:.....\$200

Other health & fitness professionals:.....\$150

Public (*individuals NOT seeking continuing education*)...\$100

Medical Residents, students (*must provide valid proof of enrollment as a full-time degree seeking student*).....\$30

One Day fee:

CEU Seekers(*note day on registration form*).....\$95

Public.....\$35

NOTICE: Credit card payment can be used *only* with Online Registration.

Website & registration: [Online Registration Instructions](#)

We DO accept purchase orders (please attach the registration form to the purchase order).

PO# OR Interfund Voucher # _____

Billing address (if different from above) _____

Check enclosed, **payable to: University of Kansas**

MAIL TO: Kimberly Johnson, University of Kansas
Energy Balance Laboratory, 1301 Sunnyside
Ave., Room 100, Lawrence KS 66045-7567
Phone: (785) 864-0797 Fax: (785) 864-2009
Email: kim@ku.edu Website: www.ebl.ku.edu

Please list two objectives that you hope this conference will achieve. We will use this information to make the conference more responsive to your needs.
