

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

1st – complete this registration form and fax to 785-864-2009 Attn: Kim Johnson

2nd – click on/or enter the link below to pay via CREDIT CARD

<https://kuecprd.ku.edu/~eb/cgi-bin/EBL/index.php>

Payment has been submitted via credit card.

Please fax this registration to 785-864-2009 ATTN: Kim Johnson

OR

Save and attach via email to Kim@ku.edu