

**REGISTRATION FORM
SEPTEMBER 10-12, 2009**

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.

Type	EARLY REGISTRATION	REGISTRATION	ON-SITE REGISTRATION
	By 08/21/2009	08/22/09 – 09/06/09	After 09/06/09
Medical Doctor	\$175.00	\$200.00	\$225.00
Other Health/Fitness Professional	\$150.00	\$175.00	\$200.00
Public (no CEU's)	\$100.00	\$125.00	\$150.00
Medical Residents/Students	\$40.00	\$40.00	\$60.00
1-Day w/ceu's*	\$100.00	\$125.00	\$150.00
1-day w/o ceu's*	\$40.00	\$60.00	\$80.00

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

Website and Online Registration:

<http://www.ebl.ku.edu/conference/conf2009/register.html>

We DO accept purchase orders (please send the registration form with 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
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.
