

REGISTRATION FORM

Please print legibly.

One form per participant. Copy form as needed.

Payment must accompany registration.

25% cancellation fee. No refunds issued after October 1, 2007.

Name (print) _____

Title _____

Organization _____

Specialty _____

Street _____

City _____ State _____

Postal Code _____ Country _____ Phone _____

Email (required) _____

REGISTRATION FEES (USD)

Registration includes all events listed on the agenda. Early registration ends October 1, 2007. Travel and hotel accommodations are the responsibility of the attendee.

	Early Registration	Regular	Onsite
Professional	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$445.00	<input type="checkbox"/> \$495.00
Non-Credit	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$495.00
Student/Patient	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00

Total Enclosed: \$ _____ USD

I plan to attend the PIP to Tort Transition Presentation on Friday, October 26 at 5:30 pm.
(For information about this complimentary presentation, please see page 3.)

PAYMENT OPTIONS

U.S. Bank Check or U.S. Money Order (Payable to: Spinal Injury Foundation or "SIF")

Visa Mastercard

Card Number _____ Expiration _____

Signature _____

Mail or fax registration form and payment to:

2007 IWTC • 205 Liberty Street NE • Suite B • Salem, Oregon 97301 • USA

Fax: 503.586.0192 • Phone: 503.586.0127 • Email: iwtc@spinalinjuryfoundation.org

Please let us know if you will require special assistance or would like vegetarian meals.