REGISTRATION FORM

First Name: ___________________________  Last Name: ___________________________
Address: ________________________________________________________________
City: ___________________________  State: ________  Zip: ________________
E-mail: ________________________________________________________________
Check here if vegetarian: ____________

Additional Registrations:
First Name: ___________________________  Last Name: ___________________________
Check here if vegetarian: ____________
First Name: ___________________________  Last Name: ___________________________
Check here if vegetarian: ____________

Event Fee: $45.00 per person (no discount for partial conference attendance)

Please make check payable to University of Iowa. Payment may be made at the conference, or mailed in advance, along with the registration form, to:

Sarolta Petersen
University of Iowa
International Programs
1111 University Capitol Centre
Iowa City, Iowa 52242

For questions, contact: sarolta-petersen@uiowa.edu

For Office Use Only:
Date Received: ___________
Amount Received: ___________
Check #: ____________________
Added to db: ______________