



Three Days, One World

Make a World of Difference in Just Three Days

1. REGISTRATION INFORMATION *(please type or print)*

Prefix: _____ Name: _____ Suffix: _____

Organization: _____ Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Phone: _____ Fax: _____ E-mail: _____

CME or CEU Credits Needed?

Yes No

Is this your first Physicians for Peace event?

Yes No

SPECIAL ASSISTANCE

I will require special assistance

I have special dietary needs

Specify: _____

2. REGISTRATION FEES

	Postmarked by 6/1/07	Postmarked after 6/4/07
Full Conference Registration <i>(including Golf, Summit and Gala)</i>		
<input type="checkbox"/> Professional	\$670	\$915
<input type="checkbox"/> Student	\$345	\$445
Conference Registration + Golf		
<input type="checkbox"/> Professional	\$545	\$745
<input type="checkbox"/> Student	\$220	\$320
Conference Registration + Gala		
<input type="checkbox"/> Professional	\$545	\$745
<input type="checkbox"/> Student	\$220	\$320
Summit Only <i>(includes all seminars and Thursday's Welcome Reception)</i>		
<input type="checkbox"/> Professional	\$375	\$575
<input type="checkbox"/> Student	\$50	\$150
One Day - Friday Summit Only		
<input type="checkbox"/> Professional	\$250	\$450
<input type="checkbox"/> Student	\$35	\$55
One Day - Saturday Summit Only		
<input type="checkbox"/> Professional	\$150	\$350
<input type="checkbox"/> Student	\$30	\$50

Golf *(to register for the golf classic only, please use the separate registration form)*

Gala Only \$225 x number of tickets _____ = \$ _____

Companion Tour \$99 x number of tickets _____ = \$ _____
(tour of Colonial Williamsburg and Jamestown settlement)

3. TOTAL FEES

\$ _____

4. METHOD OF PAYMENT

I have enclosed a check for \$ _____ Check/Money Order # _____ Date _____

Please charge my credit card in the amount of \$ _____

Visa MasterCard Discover American Express Diners

Card Number: _____ Verification # *(on back of card)*: _____ Exp. Date: _____

Name of Cardholder: _____

Signature: _____

I authorize Physicians for Peace to charge my credit card.

Pre-registrations **must** be postmarked or faxed by 11:00pm Eastern Time on June 1, 2007. After June 1, 2007, send the higher fee shown in second column. **Do not** send registration to Physicians for Peace Conference Headquarters after June 4, 2007. Instead, register on-site.

CANCELLATION POLICIES

If this conference is cancelled for any reason, the liability of Physicians for Peace to the registrant is limited to the return of the registration fee. A necessary rescheduling of the convention, as approved by the Physicians for Peace Board, does not constitute a cancellation.

Conference cancellations must be received in writing. If cancellation is received 30 days prior to June 8, 2007, there will be a full refund less a \$25 processing fee. If cancellation is received 15-29 days prior to June 8, 2007, there will be a 50% refund. **There is NO refund if cancellation is 1-14 days prior to June 8, 2007.**

MONETARY POLICIES

A \$25 processing fee will be charged for re-billing a credit card. A charge of \$25 will apply for all non-sufficient fund checks. Checks not in U.S. funds will be returned. You are not considered a registered attendee until payment has been successfully processed.

EASY WAYS TO REGISTER

- MAIL** - Send your form with payment to: Physicians for Peace Conference Headquarters, 638 Independence Parkway, Suite 100, Chesapeake, VA 23320.
- FAX** - Send your signed registration form with a check or credit card information to 757-473-9897. Please do not mail the original.
- ONLINE** - Register online by visiting www.physiciansforpeace.org.

INFORMATION

Physicians for Peace Conference Headquarters
638 Independence Parkway, Suite 100
Chesapeake, VA 23320
P: 757-351-3718
F: 757-473-9897
www.physiciansforpeace.org