



# Celebrating the Nations International Gala REGISTRATION FORM

## 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: \_\_\_\_\_

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

**Gala Only**

**\$225 x number of tickets ( \_\_\_\_\_ ) = \$ \_\_\_\_\_**

*If you are purchasing additional tickets, please list the names and contact information for each individual. Tables of ten may be purchased for \$202.50.*

Name: _____ Organization: _____ E-mail: _____ Phone: _____	Name: _____ Organization: _____ E-mail: _____ Phone: _____
Name: _____ Organization: _____ E-mail: _____ Phone: _____	Name: _____ Organization: _____ E-mail: _____ Phone: _____
Name: _____ Organization: _____ E-mail: _____ Phone: _____	Name: _____ Organization: _____ E-mail: _____ Phone: _____
Name: _____ Organization: _____ E-mail: _____ Phone: _____	Name: _____ Organization: _____ E-mail: _____ Phone: _____
Name: _____ Organization: _____ E-mail: _____ Phone: _____	Name: _____ Organization: _____ E-mail: _____ Phone: _____

## 3. 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.*

### EASY WAYS TO REGISTER

- MAIL** - Send your form with payment to the address below.
- FAX** - Send your form to 757-473-9897. Please do not mail the original.
- ONLINE** - Register online by visiting [www.physiciansforpeace.org](http://www.physiciansforpeace.org).

**Physicians for Peace  
Conference Headquarters**  
638 Independence Parkway, Suite 100  
Chesapeake, VA 23320  
P: 757-351-3718  
F: 757-473-9897  
[www.physiciansforpeace.org](http://www.physiciansforpeace.org)