



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

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**2. GOLF REGISTRATION FEES**

Per person	\$225	\$ _____
Per pair	\$400	\$ _____
Per team	\$750	\$ _____

**3. CLUB RENTALS**

\$42 \$ \_\_\_\_\_

*(check all that apply)*

- Men's
- Women's
- Right-handed
- Left-handed

*(Note: If applying per pair or per team, please have EACH individual complete a registration form. List partner or team members below. Golfers who register as "pairs" will be included in a team.)*

**4A. PAIRING PARTNER:**

**4B. TEAM MEMBERS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. SPONSORSHIP**

\$ \_\_\_\_\_

Hole Sponsors	\$500
Others	Call 757-351-3718

**6. TOTAL FEES**

\$ \_\_\_\_\_

**7. 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**

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

Physicians for Peace  
Conference Headquarters  
638 Independence Parkway, Suite 100  
Chesapeake, VA 23320

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**Thursday, June 7, 2007**