

See Registration Instructions on Reverse Side

STEP 1 – SELECT CONFERENCE SESSIONS							
	Full Conference	Friday only	Saturday only	Sunday only	Amount		
Physicians*	___ @ \$ 195 ea	___ @ \$ 70 ea	___ @ \$ 125 ea	___ @ \$ 50 ea			
Professionals**	___ @ \$ 125 ea	___ @ \$ 45 ea	___ @ \$ 80 ea	___ @ \$ 35 ea			
Retired/Public	___ @ \$ 75 ea	___ @ \$ 35 ea	___ @ \$ 45 ea	___ @ \$ 25 ea			
Students	Students: skip to Step 4 below.						
	Conference subtotal before discounts						1
STEP 2 – APPLY DISCOUNTS							
Early bird discount	Less 10% of line if postmarked by 8/17/07 or paid online by 8/20/07						2
Join PSR or renew and SAVE (Complete STEP 5)	Less 25% of line 1 for new PSR member or Less 15% of line 1 for renewing member		<div style="border: 1px solid black; padding: 2px;"> Note: must complete STEP 5 below to qualify for discount. </div>				3
	Conference subtotal after discounts (line 1 minus line 2 and minus line 3)						4
STEP 3 – REGISTER GUESTS							
	Full Conference	Friday only	Saturday only	Sunday only			
Guest	___ @ \$ 60 ea	___ @ \$ 25 ea	___ @ \$ 30 ea	___ @ \$ 15 ea		5	
STEP 4 – STUDENT REGISTRATION (Limited to 60 seats. See over for semester credit.)							
Student	Full conference only (Registering on or before 9/5/07)			___ @ \$ 35 ea		6	
	(Registering after 9/5/07)			___ @ \$ 45 ea		7	
	Conference total after applying discounts (Add rows 4 - 8)						8
STEP 5 – BECOME PSR MEMBER (or renew) AND SAVE (apply discount on line 3 above)							
PSR Membership	Check one: <input type="checkbox"/> New (or lapsed more than 3 years 25% off conference registration) OR <input type="checkbox"/> Annual Renewal 15% off conference registration						
	Physician or Doctoral level healthcare provider			\$ 125		9	
Member levels	Academic professional or allied health provider			\$ 85		10	
	Retired or general public			\$ 35		11	
	Membership total (Add rows 9 - 11)						12
STEP 6 – CALCULATE TOTAL							
	Final total, line 8 plus line 12 (Pay this amount)						

*Includes MD, DO, DPM, DC, DDS, & doctoral level practitioners seeking continuing education credit.

**Includes those with academic appointments plus nurses, ARNP, PA-C, social workers and other allied health practitioners seeking continuing education credit.

Name						Check if registering as guest ___
Street						
City				State	Zip	
Home phone			Cell phone			
e-mail address						
Help us estimate space requirements: indicate Concurrent Session First choices. Choice is not binding: Friday 8:00 pm Roundtable ___ Saturday 2:15 pm Roundtable ___ Saturday 8:00 pm Workshop ___						

Please indicate dietary restrictions: _____

If more than one person is being registered on this form, please list names and contact information on the back of this sheet or on an additional sheet and attach to the registration form.

Mail payment in the amount on line 13 above to: Iowa PSR
 20 East Market St, Room 200
 Iowa City, IA 52245

Conference Registration Instructions

(Registration Form on Reverse Side)

Registration can be by mail or online at www.iowa-psr.org. Additional copies of the registration form can be downloaded from www.iowa-psr.org.

Since the conference is offered to healthcare professionals for continuing education credit, to students, and to the general public, there are several registration levels. To allow attendees to have maximal flexibility, separate registration for any combination of the three days is available. No one seriously interested in attending the conference will be denied because of financial difficulties. Limited scholarships are available. Please contact us at 319-828-4789 or 319-530-3608 to discuss special rates.

Discounts are offered for early registration if postmarked by 8/17/07 or made on-line by 8/20/07. Additional discounts are also offered for renewing your existing PSR membership or for becoming a new PSR member. Learn more about Physicians for Social Responsibility (PSR) at www.psr.org and the Iowa PSR chapter at www.iowa-psr.org. PSR is the U.S. affiliate of International Physicians for the Prevention of Nuclear War (www.ippnw.org).

Students may register only for the entire conference and are not eligible for discounts. For students, the fee increases after 9/5/07. Students may also receive University Semester credit. To arrange semester credit and learn about course requirements contact Jenna Burns in International Programs, Room 1111 UCC or at 319-335-0368. Additional information for student participation is available at www.iowa-psr.org.

Registration includes dinner on Friday, continental breakfast on Saturday and Sunday, lunch on Saturday, reception Saturday evening, and break refreshments.

Guest registration is available for spouses, family, or companions of conference registrants. Guest registration includes conference meals, lunch and dinner lectures, break refreshments, the Saturday evening reception, and the concurrent conference art show.

Additional tickets for the Saturday reception (cash bar) can be purchased at the door Saturday evening for \$25.

Enter names and contact information for additional individuals being registered on this form.

Name	Check if registering as guest ___		
Street			
City	State	Zip	
Home phone	Cell phone		
e-mail address			
Help us estimate space requirements: indicate Concurrent Session First choices. Choice is not binding: Friday 8:00 pm Roundtable ___ Saturday 2:15 pm Roundtable___ Saturday 8:00 pm Workshop ___			

Please indicate dietary restrictions: _____

Name	Check if registering as guest ___		
Street			
City	State	Zip	
Home phone	Cell phone		
e-mail address			
Help us estimate space requirements: indicate Concurrent Session First choices. Choice is not binding: Friday 8:00 pm Roundtable ___ Saturday 2:15 pm Roundtable___ Saturday 8:00 pm Workshop ___			

Please indicate dietary restrictions: _____

Name	Check if registering as guest ___		
Street			
City	State	Zip	
Home phone	Cell phone		
e-mail address			
Help us estimate space requirements: indicate Concurrent Session First choices. Choice is not binding: Friday 8:00 pm Roundtable ___ Saturday 2:15 pm Roundtable___ Saturday 8:00 pm Workshop ___			

Please indicate dietary restrictions: _____