

Medical Consequences of War: Health Challenges Beyond the Battlefield

Saturday
March 25, 2006

Registration Form

Conference

Includes lunch and after-dinner evening lecture.
(Register separately for reception & dinner below)

Physicians \$125 _____

Nurses, Physicians Assistants,
Social Workers & Allied Health
Care Professionals \$ 60 _____

General Public, Veterans
& Students \$ 20 _____

Reception & Dinner with Faculty

Dinner: Conference participants \$ 50 _____

Dinner: Students \$ 20 _____

Total enclosed _____

Please Indicate Concurrent Round Table Preferences.

To help us plan seating and space use we ask that you indicate your first and second preferences for each of the two concurrent Round Table sessions.

Morning Round Table:

Making the Global Local: Experiences With War Impacted Populations.

(Indicate 1st and 2nd Preferences)

- ___ A. Iowa Physicians Share Challenges in Providing Health Care in a War or Post-Conflict Situation
- ___ B. Iowa Students Share How Students Can Effectively Benefit War-Impacted Populations
- ___ C. Iowa Veterans Share Difficulties in Recognizing Needs and Accessing Appropriate Care

Afternoon Round Table:

Responding Appropriately to Conflicting Imperatives.

(Indicate 1st and 2nd Preferences)

- ___ D. Conflict Survivors and Refugee Children in Iowa: Responding to Difficult Behaviors
- ___ E. Ethical Implications of Dual-loyalty for Health Care Providers in the Military
- ___ F. Financing War and Financing Health: Can We Afford Both

Make checks or money orders payable to "Iowa PSR" and mail to:

Iowa PSR
20 E Market St, Room 200
Iowa City, IA 52242

_____ I plan to come to the Meeting of Sponsoring Organizations on Sunday morning, March 26, 2004 from 9:00 AM — 12:00 noon. The meeting is open to all interested individuals. A buffet style breakfast will be available for \$10 at the door. The meeting will be in the Johnson Room in the lower level of the Sheraton Hotel in downtown Iowa City (adjacent to Hotel Vetro). Details will be announced at the conference and will be posted on the conference web site www.iowa-psr.org.

Please list your requests to help us accommodate your special needs such as dietary requirements or disabilities: _____

Name _____
Profession _____ Degree _____
Address _____
City _____ State _____ Zip _____
Phone (day) _____ (evening) _____
Email _____

Payment Deadline

Registration can be made by phone, fax, or email or at the door on the day of the Conference, space permitting. However, **payment must be received by noon, March 22, 2006** in order to guarantee a seat at lunch or dinner on the day of the conference.