

IPELS 2003 REGISTRATION FORM

Name: _____
(Title) (Family Name) (Given Name) (Middle Initial)

Affiliation: _____

Street: _____

City: _____ Postal Code: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Number of accompanying guests: Adults: _____ Children: _____

Title of your paper: _____

PAYMENT INFORMATION

	Until May 1, 2003	After May 1, 2003
REGISTRATION FEE	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275

I am paying by credit card.

Visa Mastercard

Card Number: _____

Cardholder Name: _____

Expiration Date: _____

Signature: _____ Date: _____

I am paying by check or money order.

Please complete this form and send by FAX or MAIL to:

The University of Iowa
 Center for Conferences & Institutes
 100 Oakdale Campus, W310 OH
 Iowa City, IA 52242-5000

Phone: (319) 335-4141
 Toll-free: (800) 551-9029
 Fax: (319) 335-4039

Please note: Requests for cancellation fee must be received by June 2, 2003. All refunds will be charged a \$25 fee.