



15TH INTERNATIONAL SYMPOSIUM REGISTRATION

Name _____ Degree _____
 Address _____
 City _____ State/Province _____
 Zip/Postal Code _____ Country _____
 Email* _____
 Phone () _____ Fax () _____

Referred by a Colleague? (8SR-WTAC) Name of Colleague: _____

***Required (Confirmation information will be emailed.)**

Pre-Conference — Thursday, May 22, 2008

- IFM Member Registration.....\$225
- Regular Registration.....\$250
- Student/Spouse Registration*.....\$195

Plenary Session — Friday, May 23, 2008 – Sunday, May 25, 2008 (includes Concurrent Sessions)

Early bird registration must be received by April 6, 2008. Regular registration fees apply thereafter.

- IFM Member Early Bird Registration.....\$565
- IFM Member Regular Registration.....\$625
- Early Bird Registration (non-member).....\$645
- Regular Registration.....\$695
- Student/Spouse*.....\$445

* Student/Spouse Registration: Copy of student ID, or name of registered spouse, must accompany registration form to qualify for discount. Please fax to 253-853-6766.

8SRW

TOTAL

Please select two concurrent sessions for each day, one for the Early and one for the late group. IFM Staff will assign concurrent sessions if preferences are not indicated.

May 23rd

- | | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| Early: <input type="checkbox"/> A-Musnick | <input type="checkbox"/> B-Lipski | <input type="checkbox"/> C-Brady | <input type="checkbox"/> D-Hanaway | <input type="checkbox"/> E-Chaitow |
| Late: <input type="checkbox"/> F-Cotter | <input type="checkbox"/> G-O'Bryan | <input type="checkbox"/> H-Dubinsky | <input type="checkbox"/> I-Vasquez | <input type="checkbox"/> J-Willner |

May 24th

- | | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| Early: <input type="checkbox"/> A-Musnick | <input type="checkbox"/> B-Vasquez | <input type="checkbox"/> C-O'Bryan | <input type="checkbox"/> D-McMakin | <input type="checkbox"/> E-Bonakdar |
| Late: <input type="checkbox"/> F-Chaitow | <input type="checkbox"/> G-Lipski | <input type="checkbox"/> H-Dubinsky | <input type="checkbox"/> I-Hanaway | <input type="checkbox"/> J-Brady |

Please Note: Registrations will be accepted by phone, fax, and online through May 9, 2008. Thereafter, onsite registrations include a \$50 service charge, and are subject to availability.

Refund Policy: Written cancellations received by May 9, 2008 will receive a full refund, less a \$150 service charge. Cancellations received after May 9, 2008 are nonrefundable and nontransferable.

Payment: Make checks payable to The Institute for Functional Medicine. All checks must be payable in US dollars and drawn on a United States bank. Please do not send cash. For wire transfers, please contact IFM.

- Check Visa Mastercard American Express Discover

Card Number _____ Exp. _____ 3-digit Sec. Code _____

Signature _____ Date _____

Mail to: **IFM, P.O. Box 1697, Gig Harbor, WA 98335**
 To register by phone, please call 800-228-0622 or 253-858-4724.
 Fax registrations to 253-853-6766.
 Register online at www.functionalmedicine.org

The Institute for Functional Medicine fully complies with the legal requirements of the Americans with Disabilities Act and the regulations thereof. If any participant in this educational activity is in need of accommodation, please notify IFM Client Services at 800-228-0622 to receive service.