



13th Annual Meeting - Philadelphia PA, April 30-May 2, 2010

MEETING REGISTRATION

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

COUNTRY: _____

PHONE: _____

EMAIL: _____

I require special assistance

(please attach a written description for all persons with special needs)

DISEASE: PV PF PNP BP CP MMP/OCP NONE

BADGE INFORMATION:

NAME *(If different than above)*: _____

CITY/STATE *(If blank we will use the information from above)*: _____

OPTIONAL - AFFILIATION *(University or organization)*: _____

Please list names of **other** guests who are attending as you want them to appear on their name badge:

Name: _____ City/State: _____ Special assistance?

Name: _____ City/State: _____ Special assistance?

Name: _____ City/State: _____ Special assistance?

***All registrations include lunch on Saturday and must be received by the IPPF no later than APRIL 23, 2010.**

ITEM	QUANTITY	ITEM COST	TOTAL
EARLY REGISTRATION (Postmarked ON/BEFORE 2/19/2010)	_____	x \$125 USD	\$
REGISTRATION (Postmarked ON/AFTER 2/20/2010)	_____	x \$175 USD	\$
TAX-FREE DONATION TO FURTHER SUPPORT OUR EFFORTS			\$
MEETING SCHOLARSHIP DONATION (help someone in need attend this year's meeting)			\$
<input type="checkbox"/> I request scholarship assistance. Please call me and accept this partial payment to help defray costs.		TOTAL DUE	\$

Check Money Order Visa Master Card

Card # _____ - _____ - _____ - _____ Expiration Date: ____/____/____ Postal Code: _____

Name on Card _____

Signature _____

Please make my tax-free donation in HONOR / MEMORY of _____
(circle one)

Please notify them at the following address:

ADDRESS _____

CITY _____ STATE _____

POSTAL CODE _____ COUNTRY _____

Send payment in full to:

IPPF 2010 Annual Meeting
2701 Cottage Way #16
Sacramento CA 95825

or fax to (916) 922-1458

ALL PAYMENTS MUST BE MADE IN US CURRENCY AND MUST ACCOMPANY THIS FORM.