



Pre-Conference Workshops, May 31<sup>st</sup> – Conference and Workshops, June 1<sup>st</sup> – 4<sup>th</sup>  
**CONFERENCE & WORKSHOP REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Degree:  MD  DO  PhD  RN  PA  Other (\_\_\_\_\_)

Yes, I am interested in workshops, please email me when workshop registration starts

Payment Method (Conference Registration Only – see website for pricing):

- Check – Payable to “IITS-WCMISST”
- or
- Credit Card:  Visa  Mastercard  American Express
- Credit Card Number: \_\_\_\_\_
- Expiration Date (mm/yy): \_\_\_\_\_ Amount (US\$): \_\_\_\_\_
- \_\_\_\_\_
- Authorized Signature: \_\_\_\_\_

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MAIL Registration form to:

IITS-WCMISST – attn: Vicki Baker  
1635 E. Myrtle, Suite 400  
Phoenix, AZ 85020  
USA

or

FAX Registration form to **602.944.0064**

Any questions, please call 310.279.3159 - [www.iits2009.org](http://www.iits2009.org) - THANK YOU