



First Name	<input type="text"/>	Title	<input type="text"/>
Last Name	<input type="text"/>	(If Other)	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="text"/>	CHES License #	<input type="text"/>
City	<input type="text"/>	Birthdate	Month <input type="text"/> Day <input type="text"/>
State	<input type="text"/>		<input type="text"/>
Zip	<input type="text"/>	E-mail	<input type="text"/>
Country	<input type="text" value="United States"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>

How did you hear about this conference?  Brochure  Advertisement  
 Email  Colleague  Other:

I intend to claim CE credits:  CHES  CDR/RD

	By 5/16/08	Student*
Full Conference	<input type="checkbox"/> \$495	<input type="checkbox"/> \$250*
Training Academy (Wed & Thu)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150*
Main Conference (Fri & Sat)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150*
Single Day: \$200	<input type="checkbox"/> Wednesday <input type="checkbox"/> Friday	<input type="checkbox"/> Thursday <input type="checkbox"/> Saturday
Social Event Guest	<input type="text" value="No Guests"/>	
Abstract Presenter Discount	<input type="checkbox"/> -\$50	
*Students must enter student ID# <input type="text"/> (the 16 digit number listed first on your ID card, NOT your U number)		

**Payment Method**

<input type="checkbox"/> <b>Check</b>	<input type="checkbox"/> <b>Purchase Order</b>
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**Send Check or copy of Purchase Order with Registration Form to:**

**University of South Florida  
 Office of Continuing Professional Development  
 12901 Bruce B. Downs Blvd, MDC 46  
 Tampa, FL 33612**