UI Global Health Studies Program Conference
March 28-30, 2014

REGISTRATION FORM

First Name:________________________  Last Name:______________________________
Address:______________________________________________________________________
City:___________________________________ State:__________ Zip:_________________
E-mail:_____________________________________________________________________
Check here if vegetarian:______________

Additional Registrations:
First Name:__________________________  Last Name:______________________________
Check here if vegetarian:______________

First Name:__________________________  Last Name:______________________________
Check here if vegetarian:______________

Event Fee: $40.00 per person (no discount for partial conference attendance)

Please make check payable to University of Iowa. Payment may be made at the conference, or
mailed in advance, along with the registration form, to:

Sarolta Petersen
University of Iowa
International Programs
1111 University Capitol Centre
Iowa City, Iowa 52242

For questions, contact:
Sarolta Petersen
sarolta-petersen@uiowa.edu

For Office Use Only:
Date Received:_________________
Amount Received:_____________
Check #:_____________________
Added to db:_________________