

**Midwest NKS Conference
October 28 - 30, 2005
Registration Form**

Name (first, middle initial, last) _____

Title/Position _____

Company/institution _____

Address _____

City _____ State _____ Postal code _____

Country _____

Daytime phone (_____) _____ Fax number (_____) _____

Email _____

Registration Fees

Please note that there is a discount for participants who register prior to October 1. Please indicate the appropriate registration category and fee below.

Professional	Fee
<input type="checkbox"/> By September 30 @ \$165	_____
<input type="checkbox"/> On or after October 1 @ \$225	_____
Student	
<input type="checkbox"/> By September 30 @ \$65	_____
<input type="checkbox"/> On or after October 1 @ \$100	_____
Indiana University Professional	
<input type="checkbox"/> By September 30 @ \$125	_____
<input type="checkbox"/> On or after October 1 @ \$175	_____
Indiana University Student	
<input type="checkbox"/> By September 30 @ \$50	_____
<input type="checkbox"/> On or after October 1 @ \$75	_____
Total Fee	_____

Payment Method

Check or money order enclosed. Please make payable to Indiana University.

Company Purchase Order # _____ Contact Person _____

VISA MasterCard Discover American Express

Account # _____ Exp. Date _____

Signature _____ Verification # (on back of card) _____

Mail this form to:

Registrar • Indiana University Conferences • PO Box 5729 • Bloomington, IN 47407-5729