

**2005 IOWA PHYSIOLOGICAL SOCIETY MEETING  
REGISTRATION AND DUES PAYMENT FORM**

Please print this form, fill in all appropriate blanks, include check for appropriate payment, and mail to IPS Executive Secretary in time to arrive by the deadline.

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Name (Last, first): \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

**REGISTRATION FEE FOR IPS MEETING** (check appropriate status):

\_\_\_\_\_ Students: \$15.00

\_\_\_\_\_ Postdoctoral Research Fellows: \$25.00

\_\_\_\_\_ IPS Professional Members: \$35.00

\_\_\_\_\_ Other Professionals who are not IPS members: \$45.00

\_\_\_\_\_ Barbecue on Sunday evening (optional): \$5.00

**Deadline for advanced registration is April 22, 2005.** After that date, meeting registration fees must be paid at the meeting and all fees will increase by \$5/person.

**DUES FOR IPS MEMBERS OR MEMBERSHIP APPLICANTS:**

\_\_\_\_\_ IPS Student: 2005-2006 Dues-Free (check box to indicate continued interest)

\_\_\_\_\_ IPS Regular Member: 2005-06 Dues-\$10 (mark "paid" if IPS dues have already been paid).

\_\_\_\_\_ **TOTAL PAYMENT** (Registration Fee plus Membership Dues)

(Pay by check only, payable to the Iowa Physiological Society, c/o Ulla Kopp)

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**PLEASE SUPPLY THE FOLLOWING INFORMATION**

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Do you plan to attend the 2005 IPS Meeting? Yes \_\_\_\_\_, No \_\_\_\_\_

Do you plan to present an abstract at the Meeting? Yes \_\_\_\_\_, No \_\_\_\_\_

Mail this form with a check for the appropriate amount to:

Dr. Ulla Kopp  
Executive Secretary of IPS  
Department of Internal Medicine  
VA Medical Center  
Bldg. 3, Room 226  
Iowa City, IA 52246