



# REGISTRATION FORM

Feel free to make copies of this form for additional attendees

<b>PSYCHOSOCIAL ASPECTS OF COMPLEX EMERGENCIES</b> <b>May 2-3, 2006</b>	
Attendee Name:	
Title:	
Company/Agency:	
Address:	
City, State, and Zip Code:	
Telephone Number:	Fax Number:
E-mail Address:	
Training Coordinator E-mail Address:	

### REGISTRATION FEE:

**Industry: \$695**  
**Small Business (less than 100 employees): \$595**  
**Government: \$495**

<i>Method of Payment:</i>	
<input type="checkbox"/> Company Check ( <i>payable to Market*Access Int'l</i> )	<input type="checkbox"/> Credit Card <input type="checkbox"/> Gov't P.O. (please attach)
Type of Credit Card (check one): <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number: _____	Exp. Date: _____
Name Printed on Card: _____	
Signature (required): _____	

**CANCELLATION POLICY:** You may designate a substitute in writing any time before the conference. If you need to cancel your registration, you must send your notice in writing and will be subject to a \$50 processing fee. No refunds will be given for cancellations received one week prior to the event start date or later. PLEASE NOTE: No-shows will be liable for the entire registration fee.

**Please fax this form, complete with payment information, to (703) 807-2728**  
**or mail it with your payment to:**  
**Market\*Access International, 4301 Wilson Blvd., Suite 1003, Arlington, VA 22203**

If you have questions about registration/payment, please call Pam Greenstein at (703) 807-2758. Thank you!