



Registration Form

The 18th Annual IWSF Conference
**Achievements & Challenges of Iranian Women:
 A Cross-generational Perspective**

June 29 - July 1 ~ University of Maryland, College Park, USA

Full Name: _____ (First Name for Badge): _____

University/Organization: _____

Address: _____

City: _____ **State/Province:** _____

Zip/Postal Code: _____ **Country:** _____

Telephone: (____) _____, (____) _____

Fax: (____) _____, **Email:** _____

Please take advantage of the early registration opportunity.
 This will help us prepare for a better quality event and offer you a better rate.

All registration fees are listed in U.S. dollar.

PLEASE CHECK APPROPRIATE BOX:	POSTMARKED & PAID BY:		
	MAY 18, 2007	MAY 18 – JUNE 14, 2007	AFTER JUNE 14, 2007
Full Conference Registration	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140
One Day Registration Including evening Performance	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	<input type="checkbox"/> \$55
Registration for Evening Program	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35

Notes:

- All fees are in US Dollar.
- Students are eligible for a 50% discount.
- Registration fee does not include meals or childcare.
- Donation to cover registration for _____ other people.
- Donations of \$250 or more are tax deductible (contact us for a receipt).
- Donations of \$300.00 or more will include posting of advertisement on the "Sponsor" page of the IWSF conference website.
- Credit cards are not accepted.
- Keep a copy of your check as your receipt.
- Fees will not be refunded. Substitutions are allowed at no charge.
- Tickets and other conference information will be provided at the conference.
- Children under 10 will not be allowed at the conference location. No age limit for all others. For childcare arrangement contact: 1-202-497-6767. (Dead line: May 15, 2007)
- For simultaneous translation at the conference check one: English to Persian Persian to English
- List any ADA special needs: _____

Payment Method:

Send check or Money Order in U.S. dollar payable to: **IWSF**. Please check appropriate box:

Check Money Order

Mail completed registration form with payment to:

IWSF DC 2007
 6106 4th Street, N.W.
 Washington, DC 20011, U.S.A.
 Phone: (703) 856-9131
 FAX: (240) 568-1163
 Email: iwsf.dc2007@yahoo.com