

NAME _____

**REGISTRATION FOR IAAP 2009 SPRING CONFERENCE
APRIL 24, 2009**

REGISTRATION COST:

_____ FRIDAY, APRIL 24 (ONE DAY CONFERENCE) **DEADLINE BY APRIL 13--\$115**

_____ FRIDAY, APRIL 24 (ONE DAY CONFERENCE) **DEADLINE AFTER APRIL 13--\$130**

Facility Name: _____

Facility Address: _____

_____ NEW ATTENDEE (FIRST CONFERENCE)

PLEASE MAKE COPIES AND FILL OUT SEPARATE SHEET FOR EACH PERSON REGISTERING FOR SPRING CONFERENCE.

*Check if faxing registration and mailing check _____
Please be sure your facility is mailing registration and/or payment to:*

*Karen Wells, IAAP Treasurer
University Park Nursing and Rehab
233 University Ave.
Des Moines, Iowa 50314
If questions, please contact Karen at:
Work #515-284-1280 or
Cell # 515-480-6909
Fax # 515-284-0127*

