6th ANNUAL

INLAND NORTHWEST PHILOSOPHY CONFERENCE

May 2 – 4, 2003

Name _____ Phone _____

University Affiliation _____ E-mail _____

Address _____

Special Needs (Access/Dietary) _____

FEES

		THROUGH APRIL 10	AFTER APRIL 10	AMOUNT
OPTION 1:	Faculty and Professional	$70	$80	_____
	Student	$40	$50	_____
OPTION 2:	Faculty and Professional	$40	$50	_____
	Student	$20	$30	_____

METHOD OF PAYMENT

Check _____ *Money Order* _____

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Visa _____ *MasterCard* _____ *Discover* _____

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MAIL WITH PAYMENT TO

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