

CyberTherapy 2004

Pre-Conference Workshops Registration Form

January 9, 2004
San Diego, California, Westgate Hotel

Please complete and return this form with payment to:

Interactive Media Institute
6160 Cornerstone Court East, Suite 161, San Diego, CA 92121 U.S.A.
Phone: +1-866-822-VRMC • +1 (858) 642-0267 • Fax: +1 (858) 642-0285 • cyberpsych@vrphobia.com • www.vrphobia.com

<i>Please circle applicable fee:</i>	With Conference Registration	Workshop only
Workshop 1	\$50	\$100
Workshop 2	\$75	\$100
Workshop 3	\$75	\$100

Please print legibly, with your name and degrees as you would like on your badge:

First Name _____ Middle Initial _____

Last Name _____ Degrees _____

Affiliation/Institution _____

Specialty or Department _____

Address _____

City/State/ZIP _____

Country _____ Email _____

Daytime Phone _____ Fax _____

_____ Check Enclosed _____ Visa _____ MasterCard

Card No. _____ Name on Card _____

Signature _____ Exp. Date _____

Make check payable to **Interactive Media Institute**. U.S. funds drawn on a U.S. bank.
Registrations will be refunded, less a \$50 administrative fee, per written request by December 20, 2003. No refunds thereafter.
Registrations are transferable at no additional cost.

CyberTherapy 2004 has arranged a special rate at the conference hotel for a limited number of rooms (1-2 persons) of \$175 + taxes. Please check the web site for more info or contact IMI.

IMI will make every reasonable effort to accommodate requests received through December 20, 2004.