

# Plexus Annual Summit Registration- FAU Faculty & Students

**On the Verge: Changing Lives, Organizations and Minds**  
**September 11-13, 2005**

Mail or FAX your form and payment to:

Plexus Institute  
PO Box 395  
Allentown, NJ 08501

Telephone: (609) 208-2930  
Fax: (609) 208-2934  
E-Mail: [Curt@PlexusInstitute.org](mailto:Curt@PlexusInstitute.org)

*(Please print or type all information. You may duplicate this form for multiple registrations.)*

Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle name or Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Organizational Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
E-mail address \_\_\_\_\_



Please check if you have special accommodation or dietary needs and indicate specific need(s):

\_\_\_\_\_

## Plexus Summit – On the Verge: Changing Lives, Organizations and Minds

- Full Time FAU Faculty (\$250 US) \$ \_\_\_\_\_  
 Full Time FAU Students (\$50) \$ \_\_\_\_\_

**Total Payment Enclosed** \$ \_\_\_\_\_

### Payment Method

- Check Enclosed *(make checks payable to Plexus Institute)*  
 Credit Card:  Visa  MasterCard

Card Number \_\_\_\_\_ Expires (Month/Year) \_\_\_/\_\_\_

Cardholder Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_