

2010 SPA Annual Meeting Registration Form

March 24-28, 2010

The Fairmont Hotel, San Jose, CA

Annual Meeting Registration: All participants, presenters, leaders in scientific sessions, and workshops are required to complete a registration form (even if your fee has been waived). Please check your membership category, indicate your workshop preferences, if appropriate, and note the amount due in the spaces provided for each registration.

Workshop Registration: Enrollment in the workshops will be filled on the basis of completed workshop registration forms and fees received. Continuing Education credits and certificates are available for pre-registrants upon completion of the workshop. See brochure for details.

Cancellation Policy: Refunds will be granted prior to February 24, 2010, less a \$75 administrative fee. No refunds will be granted after February 24, 2010.

Name (as you wish it to appear on the nametag) _____
Last *First* *Middle* *Suffix* *Degree*

Business Home Address _____

City _____ State _____ Zip _____ Alt Zip _____ Country _____

Phone (daytime) _____ Fax _____ Email _____

Last four digits of your Social Security Number _____

Do not include my email in a list of meeting participants

Membership and Participant Status (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> New Member Applicant | <input type="checkbox"/> Award Winner/Tribute Presenter |
| <input type="checkbox"/> Member/Associate | <input type="checkbox"/> Workshop Leader/Master Lecturer |
| <input type="checkbox"/> Fellow | <input type="checkbox"/> Presenter (paper, poster, symposium) |
| <input type="checkbox"/> Student | <input type="checkbox"/> Student Volunteer |
| <input type="checkbox"/> Non-Member | <input type="checkbox"/> New Attendee |

How did you learn of Annual Meeting?

- | |
|---|
| <input type="checkbox"/> SPA Member Mailing |
| <input type="checkbox"/> Mailing to State Psych Assoc |
| <input type="checkbox"/> Newsletter <input type="checkbox"/> Poster |
| <input type="checkbox"/> Website <input type="checkbox"/> Other |

Conference Registration Fees

Pre-Registration by 2/24/10

After 2/24/10 or On-Site

Member/Fellow/Associate	<input type="checkbox"/>	\$215.00	<input type="checkbox"/>	\$265.00
Non-Member	<input type="checkbox"/>	\$285.00	<input type="checkbox"/>	\$335.00
Member/One-Day Fee	<input type="checkbox"/>	\$145.00	<input type="checkbox"/>	\$145.00
Non-Member/One-Day Fee	<input type="checkbox"/>	\$165.00	<input type="checkbox"/>	\$165.00
Student	<input type="checkbox"/>	\$75.00	<input type="checkbox"/>	\$90.00
Student/One-Day	<input type="checkbox"/>	\$50.00	<input type="checkbox"/>	\$50.00
Student Volunteer	<input type="checkbox"/>	\$50.00	<input type="checkbox"/>	\$50.00
Student Luncheon	<input type="checkbox"/>	\$10.00	<input type="checkbox"/>	\$10.00
Irving B. Weiner Dinner	<input type="checkbox"/>	\$48.00	<input type="checkbox"/>	\$48.00
Fee Waived	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00

Total \$ _____

- I plan to attend the Assessment Research Interest Group, Friday, March 26, 12:00-1:15 pm
- I plan to attend the Collaborative/Therapeutic Assessment Interest Group, Friday, March 26, 12:00-1:15 pm
- I plan to attend the International Members Meeting, Friday, March 26, 12:00-1:15 pm
- I plan to attend the Forensic Psychology Interest Group, Saturday, March 27, 12:15-1:30 pm
- I plan to attend the Psychoanalytic Assessment Interest Group, Saturday, March 27, 12:15-1:30 pm

Workshop Registration

	Member or Conference Registrant	Non-Member Non-Conf Registrant*	Student
Workshops–Wednesday, Mar 24			
8:00 am-4:00 pm #1 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-4:00 pm #2 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-4:00 pm #3 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-4:00 pm #4 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-11:30 am #5 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:00 am-11:30 am #6 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
1:00 pm-4:30 pm #7 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
1:00 pm-4:30 pm #8 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
5:00 pm-8:30 pm #9 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
Workshops–Thursday, Mar 25			
8:00 am-11:30 am #10 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:00 am-11:30 am #11 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:00 am-11:30 am #12 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:00 am-11:30 am #13 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:00 am-11:30 am #14 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
Workshops–Sunday, Mar 28			
8:00 am-4:00 pm #15 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-4:00 pm #16 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-4:00 pm #17 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-4:00 pm #18 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:00 am-11:30 am #19 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
1:00 pm-4:30 pm #20 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50

Total \$ _____

**This category applies to non-members of SPA who wish to take workshops, but are not registered for the conference itself.*

Some workshops exceed capacity quickly. Indicate, in order of preference, other workshops you would be interested in attending #_____, #_____, #_____, #_____.

Because of limited workshop space, priority will be given the SPA members. SPA reserves the right to cancel any workshop.

Method of Payment

Total Conference Registration	\$ _____
Total for Student Luncheon	\$ _____
Total for Irving B. Weiner Dinner	\$ _____
Total Workshop Registration	\$ _____
Total Fees Due to SPA	\$ _____

- I have enclosed a check/money order in US funds made out to SPA
 I authorize payment of my fees by credit card Visa MasterCard

Expiration Date on the card _____ Billing address for the card (mandatory to process your credit card) _____

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Signature _____