

2015 SPA Annual Convention & Workshop Registration

March 4-8, 2015

New York Marriott at the Brooklyn Bridge, Brooklyn, NY

Annual Convention 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 January 30, 2015, less a \$75 administrative fee. No refunds will be granted after January 30, 2015.

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 participants

Membership and Participant Status (please check all that apply)

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

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 |

Annual Convention Registration Fees

	Registration by 1/30/15	Registration after 1/30/15	On-Site Registration
Member/Fellow/Associate	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$265.00	<input type="checkbox"/> \$280.00
Non-Member	<input type="checkbox"/> \$285.00	<input type="checkbox"/> \$335.00	<input type="checkbox"/> \$350.00
Member/One-Day	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$160.00
Non-Member/One-Day	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$180.00
Student	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$90.00
Student/One-Day	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00
Student Volunteer	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$55.00
Student Luncheon	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00
Fee Waived	<input type="checkbox"/> \$0.00		

Total \$ _____

- I plan to attend the Psychoanalytic Assessment Interest Group, Friday, March 6, 12:00-1:00 pm
- I plan to attend the Collaborative/Therapeutic Assessment Interest Group, Friday, March 6, 12:00-1:00 pm
- I plan to attend the Health Psychology Interest Group Meeting, Friday, March 6, 12:00-1:00 pm
- I plan to attend the Forensic Psychology Interest Group, Saturday, March 7, 12:45-1:45 pm
- I plan to attend the Teaching/Training Interest Group, Saturday, March 7, 12:45-1:45 pm
- I plan to attend the Integration/Multi-Method Assessment Interest Group, Saturday, March 7, 12:45-1:45 pm
- I plan to attend the International Members Meeting, Saturday, March 7, 12:45-1:45 pm

Workshop Registration Fees*

	Member or Convention Registrant	Non-Member Non-Con. Registrant**	Student
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Workshops-Wednesday, March 4

8:30 am-5:00 pm	#1 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:30 am-5:00 pm	#2 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:30 am-5:00 pm	#3 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$90
8:30 am-5:00 pm	#4 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$50
8:30 am-5:00 pm	#5 (Full-Day)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$50
8:30 am-12:00 pm	#6 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
1:30 pm-5:00 pm	#7 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
1:30 pm-5:00 pm	#8 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
1:30 pm-5:00 pm	#9 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
5:30 pm-9:00 pm	#10 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50

Workshops - Thursday, March 5

8:30 am-12:00 pm	#11 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:30 am-12:00 pm	#12 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:30 am-12:00 pm	#13 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:30 am-12:00 pm	#14 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:30 am-12:00 pm	#15 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50
8:30 am-12:00 pm	#16 (Half-Day)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$140	<input type="checkbox"/> \$50

Total \$ _____

*On-site registration for workshop(s) will incur an additional \$15 fee for all except students (\$5).

Total \$ _____

**This category applies to non-members of SPA who wish to take workshops, but are not registered for the annual meeting itself. Because of limited workshop space, priority will be given to SPA members. SPA reserves the right to cancel any workshop.

Method of Payment

Total Convention Registration	\$ _____
Total Student Luncheon	\$ _____
Total Workshop Registration	\$ _____
On-Site Workshop Registration Fee (\$15.00-Member)	\$ _____
On-Site Workshop Registration Fee (\$5.00-Student)	\$ _____
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 _____