

2016 AMERICAN PSYCHOLOGICAL ASSOCIATION ANNUAL CONVENTION ADVANCE REGISTRATION INSTRUCTIONS

For immediate confirmation of your registration, complete the online convention registration form at www.apa.org/convention. You may register online beginning on April 15, 2016, at 10:00 a.m. EDT through August 7, 2016, the last day of the convention.

If you prefer to send your registration form to APA, you may complete the registration form and send to APA. Print legibly, using a black pen, entering information in the space allowed. Each individual attending convention activities must register using a separate form. Send the Advance Registration Form to American Psychological Association, Attn: Finance/2016 Convention, 750 First Street, NE, Washington, DC 20002-4242. **Registration forms sent by mail must be received at APA by July 7, 2016.**

1. APA MEMBER NUMBER: Please provide your APA membership number.

2. NAME: First name, middle initial, last name. Prefix (Dr., Mr., Ms.) is optional.

3. MAILING ADDRESS: Please provide a mailing address if you choose to have your *Convention Program* mailed to you in advance (US/Canada only). Two lines are allowed for the mailing address (e.g., department and institution). Street address will facilitate delivery.

4. CITY, STATE OR PROVINCE, ZIP OR POSTAL CODE, COUNTRY (IF NOT U.S.): Use post office abbreviations for the state or province.

5. DAYTIME TELEPHONE, CELL PHONE, AND EMAIL ADDRESS: Please provide your daytime phone and cell phone numbers, including area code, and your email address.

6. INSTITUTION: Enter your affiliation (e.g., Yale University, Independent practice, Sunset CMHC).

7. CITY, STATE OR PROVINCE, AND COUNTRY: Enter the city, state or province, and country (if not U.S.) of your institution for your badge.

8. MEMBERSHIP CODE: From the list below, select your membership status code; enter it in the space allowed:

M—APA Member; F—APA Fellow;
A—APA Associate; N—Nonmember; I—APA International Affiliate;
C—APA Community College Teacher Affiliate;
H—APA High School Teacher Affiliate;
R—APAGS Member; S—APA Student Affiliate;
T—Full-Time Student;
Q—State/Provincial/Territorial Association Representative

9. REGISTRATION FEE: Enter fee (by June 30/July 1-Aug. 2) paid. Payment (check or credit card) for registration fee must accompany form. For those paying by VISA, MasterCard, or American Express, please complete the Credit Card Payment Authorization. Forms sent with a postmark of July 1 and after will be charged fees effective on July 1.

\$275/\$330—APA member, fellow, or associate, APA community college teacher affiliate, APA international affiliate

\$70/\$80—APA student affiliate, APAGS member

\$120/\$130—Full-time student, APA high school teacher affiliate

\$10—Nonrefundable processing fee for nonmember nonpsychologist spouses/equivalents and dependents under age 18 (see No. 18 below)

\$375/\$430—Nonmember of APA

10. CE SESSIONS FEE FOR UNLIMITED CE CREDIT: Enter fee paid (April–June 30/July 1–August 2):

\$85/\$105—APA member or affiliate

\$120/\$150—Nonmember of APA

11. INSTITUTIONAL CODE: Enter one of the following numbers to identify the type of institution to which you belong:

1—Universities, Colleges, and Professional Schools, 2—Primary and Secondary Schools (Public and Private), 3—Government (Federal, State/Provincial, or Local) includes all military services, 4—Business/Industry, 5—Non-Governmental Organizations (Associations or Quasi Governmental or International Organizations), 6a—Human (Mental/Health) Services (Hospitals, Clinics, CMHCs) or 6b—Independent Practice, 7—Other Professional (Non-Mental/Health) Services (Research Organizations, etc.), 8—Other (Retired/Emeritus, Self-Employed Individual/Owner, except Independent Practice, etc.).

12. FIRST APA CONVENTION: Please check here if this is your first APA Convention.

13. REQUEST PROGRAM BOOK: Please check here if you wish to receive your *Convention Program* in advance (US/Canada only). Help APA go green by using the online program and the mobile app.

14. PERSON WITH DISABILITY: If you are a person with a disability and require special assistance, check this box. Attach a separate note specifying special needs (e.g., wheelchair accessible transportation; sign language interpreters, services for persons who are blind/visually impaired; or support for other physical limitations). Requests for assistance must be sent to APA by July 7, 2016. If arrangements are not requested by July 7, 2016, APA will not be able to guarantee the availability of such arrangements.

15. EARLY CAREER PSYCHOLOGIST: Please check here if you are an Early Career Psychologist (i.e., a new professional within 10 years of receiving your doctoral degree).

16. NONMEMBER NONPSYCHOLOGIST SPOUSE/EQUIVALENT OR DEPENDENTS UNDER AGE 18 BADGE REQUEST: If you wish to request a badge for a family member who is a nonmember spouse/equivalent or dependent(s) under 18 years of age, please provide name(s) for badge information (maximum of 4). A \$10 per person nonrefundable processing fee will be required. By requesting a badge here, these individuals may accompany the registrant to areas that require a badge for admittance, such as the exhibit area and the poster session area. No other registration privileges will be provided.

17. CONFIRM that these individuals are family members by checking the box.

18. CITY, STATE OR PROVINCE, AND COUNTRY: Please provide the city, state or province, and country (if not U.S.) for badges of nonmember nonpsychologist spouse/equivalent and dependents under age 18.

19. TOTAL FEES DUE: Enter total of fees due. Payment must accompany form in order to process your registration.

20. RETURN THE ADVANCE REGISTRATION FORM TO AMERICAN PSYCHOLOGICAL ASSOCIATION, ATTN: Finance/2016 Convention, 750 First Street, NE, Washington, DC 20002-4242. Advance Registration Forms will be returned by APA if not accompanied by the check or credit card payment authorization form for the registration fee. Checks must be payable in U.S. dollars and drawn on a U.S. bank.

ADVANCE REGISTRATION FORM

REG16

Lines 2, 6, and 7 will appear on badge.

1 _____
APA Member Number (8 digits)

2 _____
Prefix (Dr., Ms., Mr.) First Name (15 spaces) Middle Initial Last Name (20 spaces)

3 _____
Mailing Address (32 spaces)

(32 spaces)

4 _____
City (25 spaces) State/Province Zip/Postal Code Country (if not U.S.)

5 _____
Daytime Phone Cell Phone Email Address

6 _____
Institution (do not exceed 40 spaces)

7 _____
City (if different from line 3) (25 spaces) State/Province Country (if not U.S.)

8 _____
Membership Code (see instructions)

9 Registration Fee **10** CE Sessions Fee
\$ _____ \$ _____
Amount Due Amount Due
(Enclose check or money order made out to American Psychological Association or Credit Card Payment Authorization Form)

11 _____ **12** First APA Convention ☐ yes ☐ no **13** Programs Only Mailed Upon Request
Institutional Code (see instructions) ☐ Request one here (US/Canada only)

14 _____ **15** Early Career Psychologist ☐ yes ☐ no
Person With Disability (leave blank if not disabled)

16 Name(s) of Nonmember Nonpsychologist Spouse/Equivalent or Dependent(s) Under Age 18 requiring a badge (maximum of 4)

First Name	Middle Initial	Last Name	Amount Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17 ☐ I confirm that the individuals listed above are family members.

18 _____
City State/Province Country (if not U.S.)

19 \$ _____
Total Fees Due (Payment must accompany form)

20 Return form with accompanying check (in U.S. dollars/ U.S. bank) or with a completed Credit Card Payment Authorization Form to: **AMERICAN PSYCHOLOGICAL ASSOCIATION**, Attn: Finance/2016 Convention, 750 First Street, NE, Washington, DC 20002-4242. **FORMS MUST BE RECEIVED AT APA BY JULY 7, 2016.** Forms postmarked July 1 and after will be charged fees effective on July 1.

Credit Card Payment Authorization Form

I authorize the American Psychological Association to charge my (check one):

☐ VISA ☐ MasterCard ☐ American Express

2016 convention fees to my credit card as indicated below:

Name as it appears on credit card

Fee to be charged: \$ (convention registration)

Address of cardholder

Daytime phone number

Credit card number

Name of registrant (if different from cardholder)

Expiration date

Cardholder signature