

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, 2010, through August 15, 2010, the last day of the convention. Individuals who register online by July 17, 2010, will receive their badges and, if they choose, the *Convention Program* in the mail. Those who register online after July 17 must pick up their badges and program in San Diego at the San Diego Convention Center.

If you prefer to send your registration form to APA, you may use the registration form on the following page. **REGISTRATION FORMS SENT BY MAIL MUST BE RECEIVED AT APA BY JULY 12, 2010.** A badge and, if you choose, the *Convention Program* will be sent to advance registrants whose forms are received at APA by July 12, 2010.

Print legibly, entering information in the space allowed. Each individual attending convention activities must register using a separate form. For housing, fill out the Hotel Reservation Form found elsewhere in this booklet. Send the Advance Registration Form to American Psychological Association, Attn: Finance/2010 Convention, 750 First Street, NE, Washington, DC 20002-4242.

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: Two lines are allowed for the mailing address. If it is necessary to designate a department, use the first of these two lines. (This address will be used to mail your badge and *Convention Program* in July.) 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 E-MAIL ADDRESS: Please provide your daytime phone and cell phone numbers, including area code, and your e-mail 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 and after) 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.

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

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

\$95/\$105—Full-time student, APA high school teacher affiliate

\$10—Nonrefundable processing fee for nonmember nonpsychologist spouses/equivalents and dependents under age 18 (see No. 17 below)

\$305/\$360—Nonmember of APA

10. PRIMARY DIVISION: If you are not a division member, leave this area blank. If you are a member of only one division, enter the division number (see list below) in this space. If you are a member of more than one division, enter the division number of your primary division membership here. This information is used in allocating program hours to divisions.

11. OTHER DIVISIONS: If you are a member of more than one division and have listed your primary division in No. 10 above, list your remaining division memberships in order of most important to least important. List no more than five such memberships.

LIST OF DIVISIONS FOR QUESTIONS 10 AND 11: 1—General, 2—Teaching, 3—Experimental, 5—Evaluation, Measurement and Statistics, 6—Behavioral Neuroscience and Comparative, 7—Developmental, 8—Personality and Social, 9—SPSSI, 10—Psychology of Aesthetics, Creativity and the Arts, 12—Clinical, 13—Consulting, 14—Industrial and Organizational, 15—Educational, 16—School, 17—Counseling, 18—Public Service, 19—Military, 20—Adult Development and Aging, 21—Applied Experimental and Engineering, 22—Rehabilitation, 23—Consumer, 24—Theoretical and Philosophical, 25—Behavior Analysis, 26—History of Psychology, 27—Community, 28—Psychopharmacology and Substance Abuse, 29—Psychotherapy, 30—Psychological Hypnosis, 31—State, Provincial and Territorial Psychological Association Affairs, 32—Humanistic, 33—Intellectual and Developmental Disabilities, 34—Population and Environmental, 35—Psychology of Women, 36—Psychology of Religion, 37—Child and Family Policy and Practice, 38—Health Psychology, 39—Psychoanalysis, 40—Clinical Neuropsychology, 41—Psychology—Law, 42—Psychologists in Independent Practice, 43—Family Psychology, 44—Lesbian, Gay, Bisexual, and Transgender Issues, 45—Ethnic Minority Issues, 46—Media Psychology, 47—Exercise and Sport, 48—Peace Psychology, 49—Group Psychology and Group Psychotherapy, 50—Addictions, 51—Men and Masculinity, 52—International Psychology, 53—Clinical Child and Adolescent Psychology, 54—Pediatric Psychology, 55—Pharmacotherapy, 56—Trauma Psychology.

12. 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.).

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

14. GREEN OPTION: Please check here if you intend to use the online *Convention Program* and do not wish to receive your *Convention Program* in advance.

15. PERSONS WITH DISABILITIES: If you are a person with a disability and require special assistance, check this box. Attach a separate note specifying special needs (e.g., van for wheelchair). Requests for assistance must be sent to APA by July 15, 2010. If arrangements are not requested by July 15, 2010, APA will not be able to guarantee the availability of such arrangements.

16. EARLY CAREER PSYCHOLOGIST: Please check here if you are an Early Career Psychologist (i.e., a new professional within 7 years of receiving your doctoral degree).

17. NONMEMBER NONPSYCHOLOGIST SPOUSE/EQUIVALENT OR DEPENDENTS UNDER AGE 18 BADGE REQUEST: If you wish to request a badge for 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.

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/2010 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

CM10A

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 E-Mail 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, p. 15)

9 _____
Registration Fee (Enclose check or money order made out to American Psychological Association or Credit Card Payment Authorization Form.)

\$ _____
Amount Due (see fees, p. 15)

10 _____
Primary Division (Primary division is used for allocating program hours to divisions.)

11 _____
Other Divisions / / / / /

12 _____
Institutional Code

13 First APA Convention yes no

14 Green Option-
NO CONVENTION PROGRAM

15 _____
Person With Disability (Leave blank if not disabled.)

16 Early Career Psychologist yes no Check here
(Within 7 years receipt of doctorate)

17 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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/2010 Convention, 750 First Street, NE, Washington, DC 20002-4242. **FORMS MUST BE RECEIVED AT APA BY JULY 12, 2010.**

Credit Card Payment Authorization Form

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

VISA MasterCard American Express

2010 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