



WPA Annual Convention

Registration Form

Name _____ Degree: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Membership # _____

(Required for access to PowerPoints)

Membership Application Enclosed

Payment Information

Registration fees include Thursday, Friday and Saturday breakfast and luncheon, as well as break refreshments.

Days you plan to attend (Check all that apply) Thursday Friday Saturday

Days you plan to attend lunch (Check all that apply-left blank means no) Thursday Friday Saturday

Dietary restrictions: _____

Sessions Attending:

(Check all keynotes and breakout sessions you will attend)

Thursday: 1 23456 789 1011 1213141516 17

Friday: 18 19202122 23242526 27282930 31

OR 32 Full Day: Trauma and Attachment

Saturday: 33 Full Day: "Focus On: Social Justice Matters"

FEES:

(Check appropriate rate)

	1 Day	2 Days	3 Days
WPA Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$350	<input type="checkbox"/> \$475
Non-member Psychologist	<input type="checkbox"/> \$250	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
WPA Student Member	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80	<input type="checkbox"/> \$120
Student Non-member	<input type="checkbox"/> \$85	<input type="checkbox"/> \$165	<input type="checkbox"/> \$225 (must send in copy of student ID)
WPA Affiliated Profess. Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$350	<input type="checkbox"/> \$475
Affiliated Profess. Non-member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$425	<input type="checkbox"/> \$550

REGISTRATION FEE DUE \$ _____

Donate to Send a Student to the Convention + \$ _____

I am a Presenter (deduct 1 day registration fee) - \$ _____

I am a Co-Presenter (divide 1 day fee by # of presenters) - \$ _____

PLEASE EMAIL THIS FORM TO JEANINE@WAMLLC.NET IF YOU ARE A PRESENTER OR CO-PRESENTER TO RECEIVE DEDUCTIONS

Deduct \$15 for Early Bird Registration Before 3/12/18 - \$ _____

TOTAL ENCLOSED \$ _____

Enclosed is a check payable to WPA Please charge my Visa/Mastercard TOTAL: \$ _____

Card No: _____ CVV Code: _____ Exp. Date: _____

Name on Card: (exactly as appears) _____

Address: (if billing address different than above) _____

City: _____ State: _____ Zip: _____

Send registration form and check made payable to WPA to:
WPA, 11801 W. Silver Spring Drive, Suite 200, Milwaukee, WI 53225

CANCELLATIONS ON OR AFTER MARCH 30, 2018 WILL BE ASSESSED \$75 processing fee. No Refunds after 4/5/18. Sorry, no exceptions.