

# APPIC

The Association of Psychology Postdoctoral and Internship Centers

## 2003 APPIC MEMBERSHIP CONFERENCE: TRAINING PSYCHOLOGISTS IN A CHANGING WORLD

April 3-5, 2003, Orlando, Florida

### REGISTRATION FORM

#### REGISTRATION DEADLINE EXTENDED TO MARCH 25, 2003

Name: \_\_\_\_\_  
Last First Initial Degree

Your name and institution as you want them to appear on your badge:

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Your Setting: (check all that apply)

Internship Program \_\_\_\_\_ Postdoctoral Program \_\_\_\_\_ Ph.D./Psy.D. Graduate Program \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Your Role (e.g., Director of Training) \_\_\_\_\_

<u>Registration Fees (Check one &amp; Enter Amount)</u>	<u>Dated By March 25<sup>th</sup></u>	<u>Dated After March 25<sup>th</sup></u>
APPIC Member Staff/Faculty	\$245 _____	\$275 _____
APPIC Subscriber Faculty	\$245 _____	\$275 _____
Students	\$215 _____	\$245 _____
Others	\$275 _____	\$305 _____

a. REGISTRATION FEE = \_\_\_\_\_

#### Guest Meal Charges (Indicate # and Enter Amount) # of Guests

Thursday Reception \_\_\_\_\_ X \$12.00 = \_\_\_\_\_  
Friday Breakfast \_\_\_\_\_ X \$17.00 = \_\_\_\_\_  
Friday Lunch \_\_\_\_\_ X \$30.00 = \_\_\_\_\_  
Saturday Breakfast \_\_\_\_\_ X \$17.00 = \_\_\_\_\_  
Saturday Lunch \_\_\_\_\_ X \$30.00 = \_\_\_\_\_

#### Name of Meal Guest(s)

\_\_\_\_\_  
\_\_\_\_\_

b. TOTAL GUEST MEALS = \_\_\_\_\_

Food Preference: Vegetarian Lunch Preferred? Yes \_\_\_\_\_ No \_\_\_\_\_

(a + b). TOTAL PAYMENT DUE = \_\_\_\_\_

#### PLEASE INCLUDE YOUR PAYMENT WITH YOUR REGISTRATION FORM

Payment may be made by check made payable to APPIC or by

(Check one) VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Return this form with check or credit card authorization to: APPIC, 10 G Street, NE, Suite 750, Washington, DC 20002. Make your hotel reservation by calling the Disney Coronado Springs Resort at 1-407-939-1020. Please let the hotel know if you need special accommodations. If you are a person with a disability and require special assistance, check this box [ ], and attach a separate note to your Registration Form that specifies your special needs. Accommodations such as a sign language interpreter will be provided if requests for such services are dated by March 3, 2003.

#### EXTENDED CONFERENCE REGISTRATION DEADLINE: March 25, 2003

#### Cancellation/Refund Policy

Full refunds less a \$10 administrative fee will be made for written requests dated no later than March 25, 2003. No refunds will be given after March 25, 2003.

#### Questions and Additional Information

Additional information and forms available at APPIC Web Site <http://www.appic.org>; OR contact Conference Chair Dr. Gerald Leventhal by e-mail at [Leventha@cmhc.umdj.edu](mailto:Leventha@cmhc.umdj.edu) or phone (973-972-4869); OR contact APPIC Central Office at: APPIC, 10 G Street, NE, Suite 750, Washington, DC 20002 (Phone: 202-589-0600; Fax: 202-589-0603).