

2008 NCPA/NCPF Spring Conference Registration DEADLINE: April 18, 2008

NAME _____ Degree _____
 (for nametag)
 Address _____ City _____ State _____ Zip _____
 Office Phone _____ E-mail _____
 Fax _____ Profession (social worker, psychologist, etc.) _____

Early Career Psychologists and Experienced Psychologists –Reserved Lunch Table

	<u>Friday Lunch</u>	<u>Saturday Lunch</u>
Early Career Psychologist	_____	_____
Experienced Psychologist	_____	_____

***The Member rate is for members of NCPA and non-psychologist mental health professionals who are members of their professional organization.**

FRIDAY INSTITUTE FEES - Check ONE Institute:

Institute fees includes lunch & dinner for members; non-members and early career psychologists.

Students who want to attend the dinner **must pay \$30.

CULTURAL DIFFERENCES OR BIPOLAR DISORDER

Note: Please check appropriate space. If attending both days list total amount after Saturdays registration. **Discount given for attending both days.**

	<u>BY</u> April 18, 2008	<u>AFTER</u> April 18, 2008
Members* <u>(Includes lunch & dinner)</u>	\$160 _____	\$200 _____
Non-Members <u>(Includes lunch & dinner)</u>	\$215 _____	\$255 _____
Early Career (NCPA Members) <u>(Includes lunch & dinner)</u>	\$135 _____	\$175 _____
**Students (10 per inst) <u>(Includes lunch only)</u>	\$50 _____	\$90 _____
**Student Sponsor – One Day <u>(includes lunch only)</u>	\$50 _____	
**Student Sponsor – Both Days <u>(includes lunch only)</u>	\$95 _____	
60th Anniversary Dinner Only	\$30 _____	
Amount Due (Friday Only):	\$ _____	\$ _____

To register for Saturday Workshops see next page.
Discount given for attending both Friday and Saturday

SATURDAY WORKSHOP FEES - Check ONE morning and ONE afternoon:

<u>Morning:</u>	Play Therapy	Eating Disorders	Ethics & Psychology
<u>Afternoon:</u>	CBT	Gay Clients	Professional Boundaries

<u>BY</u> April 18, 2008	<u>AFTER</u> April 18, 2008
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Members*	\$135 _____	\$175 _____
Non-Members	\$190 _____	\$230 _____
Early Career (NCPA Members)	\$110 _____	\$150 _____
Students (10 per workshop)	\$50 _____	\$90 _____
Student Sponsor – One Day registration	\$50 _____	if not marked on Friday
Student Sponsor – Both Days registration	\$95 _____	if not marked on Friday
<u>Amount Due (Saturday Only):</u>	\$ _____	\$ _____
<u>Amount Due (Friday Only):</u>	\$ _____	\$ _____
<u>Subtotal</u>	\$ _____	\$ _____
<u>Discount for 2 days: (minus)</u>	\$- <u>-45.00</u>	\$ <u>-45.00</u>
<u>Total Paid</u>		
<u>Friday &/or Saturday</u>	\$ _____	\$ _____

I have special needs (dietary/physical)- must know by April 18, 2008:

PAYMENT METHOD Please Circle One: Check MasterCard VISA

If paying by credit card, please complete the information below:

Name (as it appears on card) _____

Card Number _____ **Exp. Date** _____ **CVC** _____

Exact Billing Address of Card

City _____ **State** _____ **Zip** _____

Signature _____

SEND REGISRATION FORM or FOR ADDTIONTIONAL INFORMATION: NCPA, 1004 Dresser Court, Suite 106, Raleigh, NC 27609 **phone:** 919.872.1005 **fax:** 919.872.0805
e-mail: ncpacarol@mindspring.com **Make check payable to NCPA or credit card information send to above address. No spaces can be reserved without payment.**