

North Carolina Psychological Foundation 2019 Fall Conference Registration Form

Register online: www.ncpsychology.org

NAME _____
(as you want it to appear on your nametag)

DEGREE _____ **PROFESSION** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____ **PHONE** _____
Email Required For CE Evaluation

Please select one morning workshop and one afternoon workshop each day you are attending.

FRIDAY	MORNING WORKSHOPS	AFTERNOON WORKSHOPS
	#1 Transcranial Magnetic Stimulation #2 Be Here Now: Part 1	#3 Helping Couples Communicate #4 Be Here Now: Part 2
SATURDAY	MORNING WORKSHOPS	AFTERNOON WORKSHOPS
	#5 Developing Your Practice #6 Diversifying Your Practice	#7 Assessment, Diagnosis, & Special Education #8 Violence Risk Assessment

DIETARY RESTRICTIONS? _____

	Friday Only	Saturday Only	Full Conference	Late Fee *after noon on September 13th
NCPA MEMBERS	\$200	\$200	\$365	\$75
EARLY CAREER NCPA MEMBERS	\$165	\$165	\$290	\$75
NON-MEMBER	\$265	\$265	\$490	\$75
STUDENT	\$90	\$90	\$160	\$75
GUEST	\$40	\$40	\$80	\$75

NOTE: Spaces will not be reserved without payment. Dues must be paid for member rate.

I would like to make a tax-deductible gift to the NC Psychological Foundation in the amount of _____

PAYMENT METHOD Check (made payable to NCPA) Visa MasterCard Discover AmEx

CREDIT CARD INFO **NAME ON CARD** _____
For credit card payment, please complete the following

CARD NUMBER _____ **EXP. DATE** _____ **CCV#** _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SIGNATURE _____

RETURN THIS FORM Mail: 1004 Dresser Court, Suite 106, Raleigh, NC 27609
Fax: 919.872.0805
Email: karen@ncpsychology.org