24th Annual APSAC Colloquium Presenter Registration Form

This form may be duplicated - one person per registration form, please. You may also register online at <u>www.apsac.org</u>. Registration will be confirmed by email only Pre-registration closes June 8th. After June 8th you may register on site in New Orleans.

Name:	
Agency:	
Phone:	Email:

Discipline (circle as many that apply)

CPS	Education	Law	Law Enforcement	Medicine	Ministry	
Nursing	Psychiatry	Psychology	Social Work	Sociology	Other	
Lead Pres Co-Preser Continuin	Colloquium Fees senter Registration nter Registration ng Education Credit EE – if you submit		fter May 22, 2016.	Member \$325 \$350 \$40 \$75		Non-Member \$375 \$400 \$40 \$75

Total Submitted

Workshop Preferences – Please see brochure for full listing and descriptions – **only** indicate the session number here. When you are registering for multi-part workshops, be sure to indicate both parts in the corresponding time frames.

Date and Event	Workshop Numbers	Selection
Tues./Wed., June 21-22 Advanced Training Institute #1	8:30 am – 5:00 pm Institutes #1	
Wednesday, June 22nd Advanced Training/Cultural Institutes	8:30 am – 5:00 pm Institutes #2 - 6	
Thursday, June 23rd, Colloquium	10:30 am Workshops #7 - 16	
	1:30 pm Workshops #17 – 26	
	3:30 pm Workshops #27 – 36	
Friday, June 24th, Colloquium	8:00 am Workshops #37 – 42	
	10:30 am Workshops #43 – 52	
	1:15 pm Workshops #53 – 62	
	3:00 pm Workshops #63 – 72	
Saturday, June 25th, Colloquium	8:30 am Workshops #73 – 77	
	10:30 am Workshops #78 - 84	

Please indicate if you are attending the following events by checking the appropriate space:

Thursday, June 23 rd Welcome Reception:	Friday, June 24th	Luncheon:	Vegetarian:
Registration Fee includes daily Continental Breakfast, Welco	ome Reception and Lu	uncheon	
All registrations must include payments by credit card, check	or purchase order.		
Payment: Enclosed is my check or money order	_Enclosed is a purcha	ase order	
Charge to the following (circle one): MasterCard Discover	VISA	American Express	
Card # Expiration Date:	Security	Code:	
Cardholder Name & Signature:			

Please send the registration form to APSAC, 1706 E. Broad Street, Columbus, OH 43203. You may fax it to 614-251-6005 or scan and email to apsac@apsac.org. You may also register online at www.apsac.org. Cancellations – APSAC will refund all written cancellation requests received by May 22, 2016, less a \$100 administrative fee. If you have questions please call 1-877-402-7722. ADA Accommodations – If you require special accommodations, please contact us at jcampbell@apsac.org. APSAC's Tax ID is 93-0940608.