

2010 SIOP Conference Registration Form

Check if address below is a permanent change/correction.

Address: _____

E-mail: _____

Phone: (W) _____ (H) _____

Name as you want it to appear on your badge (Please print):

Employer/School Affiliation as you want it to appear on your badge:

The deadline for early registration is February 15, 2010.

Any registration forms received **after that date** will be processed, but **regular fees will apply**. Print your name as you wish it to appear on your conference badge. Please check the appropriate boxes and type or print clearly.

Send form to SIOP, 440 East Poe Road, Suite 101, Bowling Green, OH 43402 or fax to 419-352-2645.

Cancellation Policy

Conference registrants who cancel their registration on or before **March 25, 2010**, will receive a refund of the conference registration fee, less a \$85 administrative fee.

Workshop fees (less a \$85.00 administrative charge) will be refunded through **March 10, 2010**. A 50% refund will be granted between March 11, 2010 and March 25, 2010. No refunds will be granted after **March 25, 2010**. All refunds will be made based on the date when the written request is received at the Administrative Office.

Friday Seminar fees canceled by **March 25, 2010**, will be refunded less a \$25.00 administrative fee per seminar.

CONFERENCE REGISTRATION

AMOUNT

	Early Registration	Registration
<input type="checkbox"/> SIOP member	\$145	\$190
<input type="checkbox"/> SIOP nonmember	\$330	\$360
<input type="checkbox"/> Student Affiliate*	\$115	\$135

*You must be a Student Affiliate of SIOP to get the \$115/\$135 registration fee. Students who are not members must pay the \$330/\$360 nonmember registration fee.

\$ _____

Optional

WORKSHOPS—Please indicate your top six choices (in order of preference):

	Workshop #	Workshop Title
1st	_____	_____
2nd	_____	_____
3rd	_____	_____
4th	_____	_____
5th	_____	_____
6th	_____	_____

I will accept any open session. (If your first 6 choices are unavailable and you do not check this option, you will not be charged for workshops and no workshop registration will be recorded. If paying by check, a refund will be issued.)

WORKSHOP FEES: (Membership in SIOP will be verified)

<input type="checkbox"/> SIOP Member/Student Affiliate	\$400
<input type="checkbox"/> Nonmember of SIOP	\$650

\$ _____

FRIDAY SEMINARS \$85 each Quantity: _____

Seminars 1 & 2 will be held from 8:30 to 11:30, and Seminars 3 & 4 will be from noon to 3.

AM Seminar 1 (Proactivity) or 2 (Nonresponse Bias)

PM Seminar 3 (Adverse Impact) or 4 (Self-Regulation)

You may attend the AM Seminar, PM Seminar, or both.

\$ _____

CONFERENCE PLACEMENT CENTER: Anonymous Registration Yes No

<input type="checkbox"/> Student Affiliate: Internship/Job Seeker	\$40
<input type="checkbox"/> SIOP Member: Internship/Job Seeker	\$45
<input type="checkbox"/> Nonmember: Internship/Job Seeker	\$100
<input type="checkbox"/> Employer: Up to 4 positions	\$200

\$ _____

JUNIOR FACULTY CONSORTIUM \$75

\$ _____

ATLANTA HEROES POSTCONFERENCE TOUR \$98 Quantity: _____

\$ _____

FUN RUN 5K RACE \$25 T-shirt included. Indicate size: S M L XL 2XL NO SHIRT

\$ _____

SIOP 2010 T-SHIRT \$15 Qty: S M L XL 2XL

\$ _____

SIOpen GOLF TOURNAMENT \$85

\$ _____

SIOP CONFERENCE AMBASSADOR PROGRAM Ambassador Newcomer

This credit card belongs to myself my employer

Charge my credit card (Visa, MasterCard, or American Express)

_____ Expiration Date

Account Number

Signature

GRAND
TOTAL

(U.S. Dollars, please)

\$ _____