

## 23<sup>nd</sup> ISPN **Annual Conference**

Resiliency in Action: **Advocating for Healthy Communities** 

> March 23-25, 2021 Virtually

### **REGISTRATION FORM**

<b>Registration and Badge Information:</b> (please type or print clearly)
This is how your badge will read. Registration by phone will not be accepted.
First Name:
Last Name:
Credentials:
Place of Employment:
City:
State/Province:
Country:
Contact Information:
Daytime Telephone Number:
Email Address:(Please provide an email address to receive confirmation of registration. Please print clearly!)
Membership Information:
☐ Current member of ISPN
□ Non-member
☐ Joining ISPN while registering for the Conference (must complete membership application).  * Membership will be active now through June 30, 2022. (July 1-June 30 membership year).
* Option to join ISPN while registering for the Annual Conference is only available to those individuals who have never belonged to ISPN. Past members who would like to renew and take advantage of the member discount for registration can renew online at http://ispn-psych.org, or contact the ISPN membership department at info@ispn-psych.org or +1-608-443-2463.

# **Membership Renewal:**

July 1, 2021 to June 30, 2022. All fees are quoted in U.S. dollars.

☐ Full: \$150 ☐ Student: \$35 ☐ Retired: \$60

#### **Instructions:**

Please complete all items on this registration form. Type or print legibly. Keep one copy of this completed form for your records. Save money by registering on or before February 15, 2021! All fees are quoted in U.S. funds.

### **Contact Information:**

#### ISPN

2424 American Lane Madison, WI 53704 USA

Fax: +1-608-443-2474 or +1-608-443-2478

For more information, call or email:

Telephone: +1-608-443-2463 Email: info@ispn-psych.org Website: http://www.ispn-psych.org

## **ISPN Annual Conference:**

Tuesday, March 23 to Thursday, March 25, 2021

racoday, March 20 to Tharoday,	Wardin 20, 2021		
<u>On</u>	or Before February 15	After February 15	
☐ Member	\$370 USD	\$420 USD	
■ Non-member	\$520 USD	\$570 USD	
☐ Joining ISPN with the Confe	rence \$495 USD	\$545 USD	
☐ Student+ +Include a copy of your student	\$100 USD ID as proof of your studen	\$125 USD t status.	
ONE-DAY REGISTRATION AT	ANNUAL CONFERENCE		
☐ Member	\$175 USD	\$225 USD	
☐ Non-member	\$225 USD	\$275 USD	
☐ Student +Include a copy of your student	\$75 USD ID as proof of your studen	\$100 USD t status	
Please check the date of attenda  Tuesday  Wednesday			
Which track most interests you (choose one):			
☐ Education/Teaching Pedagogy			
☐ Evidence-Based Practice			
☐ Leadership			
Psychopharmacology			
☐ Research			
Registration Discounts:			
One discount is allowed per registrant.  Please check the box that may be applicable to your registration fee:			
<ul> <li>□ Annual Conference Lead Presenter</li> <li>Oral Presentation (\$50 credit)</li> <li>(must register for the entire Annual Conference to receive the discount)</li> </ul>			
☐ Annual Conference Lead Po (must register for the entire	•	,	
Nursing Contact <b>F</b>	Iours:		
☐ Yes, I would like to receive	nursing contact hours		
State Licensed In:			
License Number (required):			
☐ No, I do not wish to receive nursing contact hours			

### Fees:

Please total your fees from the different categories included on this registration form. ISPN's Federal Tax ID#: 36-2905672.

Membership Renewal:	
Registration: Annual Conference	
Foundation Donation:	
Sub-total:	
One Presenter Discount (if applicable):	
Grand Total:	
(Please include this amount with your registration form)	
Cancellation: Any Annual Conference registration cancellation must be to the ISPN. If received on or before March 12, 2021, ISPI administrative fee and the remainder will be refunded. After refund will be given.	N will apply a \$50
Payment:	
Payment must accompany each registration form. Intern must submit payment in U.S. dollars, drawn on a U.S. ba	
Registration forms not including the proper registration fee Please do not send cash.	will not be processed.
☐ Check (made payable in U.S. funds to ISPN)	
☐ Discover/MasterCard/Visa	
Card Number:	
Expiration Date: CVV: Zip C	Code:
Card Holder Name (please print clearly):	
Card Holder Signature:	
Mail or fax this registration form with payment to the ISPN on page one of this form. Or, register online at: http://www.Conference).	
General Information:	
Email confirmation will be sent within three weeks of register receive confirmation, please contact the ISPN office at info@+1-608-443-2463, ext. 144, to verify that your registration for	ispn-psych.org or
Online Attendee Directory: The online attendee director logging into the ISPN website with either your ISPN men address and password that was used to register. All atter will have access to this directory (your name, credentials and email address).  Yes, I agree to be listed in the Attendee Directory No, I do not agree to be listed in the Attendee Directory	nber login or the email ndees and exhibitors s, city, state, country,
Photo Release: ISPN captures photographs and vide for future marketing purposes in print and electronically consent below:  Yes, I provide consent to ISPN to use my photo for the provide consent of the prov	to during the meeting December : Please indicate your

#### Special Assistance:

in print and electronically.

purposes in print and electronically.

☐ Please check here if you need special assistance (an ISPN staff member will contact you for more details).

☐ No, I do not provide consent to ISPN to use my photo for marketing