

Recovery Workforce Summit: 2015 Annual Conference - Attendee Registration Form

First Name:		Last Name:	
Name as it should appear on badge:		<input type="checkbox"/> I am a CPRP	<input type="checkbox"/> First Time Attendee
Title:		Credentials other than CPRP:	
Please select the job classification that best applies: <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> PSR Practitioner <input type="checkbox"/> Social Worker <input type="checkbox"/> Organization Executive <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Peer-Support Provider <input type="checkbox"/> Children's PSR Practitioner <input type="checkbox"/> V.A. Employee <input type="checkbox"/> Peer/Consumer <input type="checkbox"/> Other:			
Organization:			
Address:			
City:	State/Province:	Postal Code:	Country:
Phone:		*Email (required):	
ADA or Special Needs: <input type="checkbox"/> Wheelchair Access <input type="checkbox"/> Service Animal <input type="checkbox"/> Other:			
Dietary Restrictions: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten-Free			
Food Allergies:			
Emergency Contact Name:		Phone:	
How did you hear about the Summit: <input type="checkbox"/> Email <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Colleague <input type="checkbox"/> Other _____			
FULL SUMMIT REGISTRATION:			
PRA Member Fees: PRA ID # _____		Non-Member Fees:	
<input type="checkbox"/> \$460 - Early Bird - Form & Payment due by Wednesday, March 25	<input type="checkbox"/> \$580 - Early Bird - Form & Payment due by Wednesday, March 25		
<input type="checkbox"/> \$510 - Regular - Form & Payment due by Thursday, May 21	<input type="checkbox"/> \$630 - Regular - Form & Payment due by Thursday, May 21		
<input type="checkbox"/> \$460 - VA Employee - Form & Payment due by Thursday, May 21	<input type="checkbox"/> \$580 - VA Employee - Form & Payment due by Thursday, May 21		
<i>*Contact us to register your group of 6 or more at a special discounted price</i>			
DAILY SUMMIT REGISTRATION:			
<input type="checkbox"/> Tuesday, June 2		<input type="checkbox"/> Wednesday, June 3	
<input type="checkbox"/> Thursday, June 4			
Member: \$365		Non-Member: \$485	
ADDITIONAL REGISTRATION OPPORTUNITIES			
<u>Mural Arts Tour - Monday, June 1 – Trolley Tour: Approximately 2 hours (See Website for More Details)</u>			
Trolley Tour: <input type="checkbox"/> Depart 2:00pm			
<input type="checkbox"/> Pre-order Best Practices in Psychiatric Rehabilitation – Pickup at the Registration Desk to save on shipping.			
PAYMENT INFORMATION			
Registration Fee \$ _____	<input type="checkbox"/> Check Payable to PRA (# _____) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Mural Tour (\$25) \$ _____	Credit Card #: _____ Expiration Date: _____		
Best Practices In Psych Rehab (\$75 member/\$105 non-member) \$ _____	Name as it appears on card: _____ Billing Zip Code: _____		
New Member Dues/Renewal (\$125) \$ _____	Signature: _____		
GRAND TOTAL \$ _____	Payments must be made in US Funds. Fed Tax ID #23-2008207		
	<small>*Refund requests received by April 30, 2015 will be honored and will incur a \$50 processing fee. Refunds between May 1 and May 15, 2015 will incur a \$100 processing fee. No refunds will be issued for requests made after May 15, 2015. Refund payments may take up to six weeks from the date of your refund request. *Substitutions: Written notification of a substitution must be received by 5:00pm ET on May 29, 2015 and will not incur any additional fee. No substitutions will be honored on site.</small>		

Fax form to 703.506.3266, email to info@psychrehabassociation.org or mail to PRA, 7918 Jones Branch Dr., Suite 300, McLean, VA 22102