

40th Annual Wellness and Recovery Summit – Atlanta, Georgia – June 24-26, 2017

Presented by the Psychiatric Rehabilitation Association and The Academy of Psych Rehab and Recovery in partnership with Georgia-PRA

GROUP ATTENDEE REGISTRATION FORM

Primary Contact First Name:		Last Name:	
Title:			
Organization/Agency:			
Billing Address (Street):			
City:	State/Province:	Postal Code:	Country:
Email:		Daytime Phone:	

NEW! 2017 DISCOUNT PROGRAM

Register 5-9 attendees and receive 10% off Summit Registration Fees.
Register 10 or more attendees and receive 20% off Summit Registration Fees.

PLEASE NOTE: All registrations must be submitted simultaneously to receive the discount. Discount DOES NOT APPLY to Summit Add-ons or Membership Dues. Payment and form must be received by the deadline date. Registration will NOT be processed until payment is received.

SUMMIT REGISTRATION FEES

For benefits throughout the year, and for the best value on Summit registration, become a PRA member or renew your membership today! Payment and completed form must be received by the deadline date. Registration will NOT be processed until payment is received.

PRA Member Fees	Non-Member Fees
<input type="checkbox"/> \$460 Early Bird Register by February 27, 2017	<input type="checkbox"/> \$610 Early Bird Register by February 27, 2017
<input type="checkbox"/> \$510 Regular Register by June 12, 2017	<input type="checkbox"/> \$660 Regular Register by June 12, 2017

REGISTRATION SUMMARY

Registration Fee:	
Total Registrations Included: # _____ @\$_____/ea =	\$ _____ Base Registration Cost
Less Group Discount (10% for 5-9 registrants; 20% for 10+)	-\$ _____ Discount
	\$ _____ Subtotal – Group Registration Cost
Summit Add-Ons:	
CPRP Exam Prep Course: # _____ @\$95.00/ea =	\$ _____ CPRP Exam Prep Course(s) Cost
CFRP Exam Prep Course: # _____ @\$95.00/ea =	\$ _____ CFRP Exam Prep Course(s) Cost
TAY Institute: # _____ @\$75.00/ea =	\$ _____ TAY Institute Registration(s) Cost
	\$ _____ Subtotal Summit Add-Ons
Membership Dues:	
Individual New/Renewal Membership(s): # _____ @\$125/ea =	\$ _____ Total Individual Dues (If org is a nonmember)
OR	OR
Organizational New/Renewal Membership* =	\$ _____ Total Org Dues (includes individual employee benefits)
<i>*Organizational Dues based on annual budget; visit psychrehabassociation.org/pr-organizational-membership or contact info@psychrehabassociation.org for rates)</i>	
	\$ _____ Subtotal Membership Dues
TOTAL DUE:	\$ _____ to Psychiatric Rehabilitation Foundation

PAYMENT INFORMATION *PLEASE NOTE: REGISTRATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED.*

<input type="checkbox"/> Check Payable to PRF (# _____) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Credit Card Acct:	Expiration Date (MM/YY)
Name as it appears on the card	Billing Postal Code
Signature	

Payments must be made in US Funds. Fed Tax ID #23-2008207

*Refund requests received by May 1, 2017 will be honored and will incur a \$75 processing fee. Refunds between May 1 and May 15, 2017 will incur a \$125 processing fee. No refunds will be issued for requests made after May 15, 2017. 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 June 12, 2017 and will not incur any additional fee. **No substitutions will be honored on site.** Questions? Email info@psychrehabassociation.org

By attending wellness and fitness-related sessions at the 2017 Summit, you acknowledge that certain injuries are possible and hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify PRA & PRF and its representatives, employees, and volunteers from any and all claims.

Fax form and attendee list to 703.506.3266, email to info@psychrehabassociation.org or mail to Psychiatric Rehabilitation Foundation, 7918 Jones Branch Dr., Suite 300, McLean, VA 22102 | (703) 442-2078

GROUP REGISTRATION ATTENEE LIST

Primary Contact First Name:	Last Name:
Organization/Agency:	

SUMMIT ATTENDEE INFORMATION

Attendee #

First Name:	Last Name:
Name as it should appear on badge (ex. Bob for Robert):	
Title:	Credentials:
Email (REQUIRED):	Daytime Phone:
ADA ACCOMODATIONS : <input type="checkbox"/> Wheelchair Access <input type="checkbox"/> Service Animal <input type="checkbox"/> ASL Interpreter <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:	Emergency Contact Phone:
Have you attended a PRA Summit in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I will be a first time attendee
How did you hear about this year's Summit?	<input type="checkbox"/> Email <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Colleague <input type="checkbox"/> Other _____
SPECIAL EVENTS	
<i>Please indicate your interest in attending the following special events at the Summit</i>	
<input type="checkbox"/> First Time Attendee/New Member Orientation <input type="checkbox"/> Chapter Event & Awards Reception	
SUMMIT ADD-ON – One Per Attendee	
<input type="checkbox"/> \$95 Certified Psychiatric Rehabilitation Practitioner (CPRP) Exam Preparation Course Begins Friday at 10:00am	
<input type="checkbox"/> \$95 Child and Family Resiliency Practitioner (CFRP) Exam Preparation Course Begins Friday at 10:00am	
<input type="checkbox"/> \$75 Transition-Age Youth ½ Day Pre-Conference Institute Saturday 8:00am – 11:00am	

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