

# 41<sup>st</sup> Annual Wellness and Recovery Summit | June 15-18, 2018 | Denver, Colorado

Presented by the Academy of Psychiatric Rehabilitation and Recovery and PRA, in partnership with Colorado-PRA

## ATTENDEE REGISTRATION FORM

First Name:		Last Name:	
Badge First Name (if different; ex. Bob for Robert):			
Email:		Daytime Phone:	
Title:		Credentials:	
Organization/Agency:			
Billing Address (Street):			
City:	State/Province:	Postal Code:	Country:
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:			
Will you attend the First Time Attendee / New Member Orientation, Saturday 10:30am-11:30am?		<input type="checkbox"/> Yes! <input type="checkbox"/> No/Unsure	
<b>SPECIAL ACCOMODATIONS &amp; REQUESTS</b>			
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:	
<b>SUMMIT REGISTRATION</b>			
Please circle applicable registration fee.			
<i>Onsite registration will be available at the Late Rate listed below.</i>			
	<b>Early Bird (Deadline 3/22)</b> PRA Member/Nonmember	<b>Regular (Deadline 5/31)</b> PRA Member/Nonmember	<b>Late (Onsite)</b> PRA Member/Nonmember
<b>Individual:</b> Full Summit	\$460 / \$580	\$510 / \$630	\$560 / \$680
<b>VA Employee:</b> Full Summit	\$460 / \$580	\$460 / \$580	\$510 / \$630
<b>Faculty:</b> Full Summit	\$325 / \$445	\$325 / \$445	\$375 / \$495
<b>One-Day Registration:</b> Saturday	\$295 / \$415	\$345 / \$465	\$395 / \$515
<b>One-Day Registration:</b> Sunday	\$295 / \$415	\$345 / \$465	\$395 / \$515
<b>One-Day Registration:</b> Monday	\$295 / \$415	\$345 / \$465	\$395 / \$515
<b>SUMMIT ADD-ONS: One Per Attendee (optional)*</b>			
<i>*NOTE: You must be registered for the FULL Summit to participate in these activities. Additional fee required.</i>			
<input type="checkbox"/> Certified Psychiatric Rehabilitation Practitioner (CPRP) Exam Preparation Course (Friday and Saturday, 8:00am – 5:30pm)			\$95
<input type="checkbox"/> Pre-Conference Institute: Transition-Aged Youth and Young Adults (All-Day Friday)			\$150
<input type="checkbox"/> Pre-Conference Institute: Innovative Practices in Recovery based Community Mental Health (All-Day Friday)			\$150
<b>PAYMENT INFORMATION</b>			
<b>*PLEASE NOTE: REGISTRATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED*</b>			
Payment Method: <input type="checkbox"/> Check Payable to PRF (# _____) <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Registration Fee: \$	Credit Card Acct #:	Expiration Date (MM/YY):	
Summit Add-On: \$	Name (as it appears on the card):	Billing Postal Code:	
PRA Membership New/Renew (\$125): \$	Signature:	Date:	
<b>Total Due: \$</b>	<p style="text-align: center;"><b>Payments must be made in USD Funds. Fed Tax ID #23-2008207</b></p> <p style="text-align: center;">*Refund requests received by May 1, 2018 will be honored and will incur a \$75 processing fee. Refunds between May 2 and May 14, 2018 will incur a \$125 processing fee. No refunds will be issued for requests made after May 14, 2018. 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 31, 2018 and will not incur any additional fee.</p> <p style="text-align: center;"><b>No substitutions will be honored on site.</b></p> <p style="text-align: center;">Questions? Email <a href="mailto:info@psychrehabassociation.org">info@psychrehabassociation.org</a></p>		

Registration will not be processed until payment is received.

Return to PRF: [info@psychrehabassociation.org](mailto:info@psychrehabassociation.org), fax 703.506.3266, or mail 7918 Jones Branch Dr. Suite 300, McLean, VA 22102