

# CONFERENCE REGISTRATION FORM

## The Third International Congress of IEDTA: September 8-11, 2005

Please type or print clearly. When completed, please mail this form and your check to:

IEDTA – UCLA Conference Services  
330 De Neve Drive Suite L-16  
Los Angeles, CA, 90024

For questions, please call 310-206-9270 or 1-888-825-5305 toll-free in U.S.

### Attendee Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Professional Title:  M.D.  Ph.D.  PsyD  MFT  LCSW  Other \_\_\_\_\_

Affiliation (University, Hospital, Professional Society): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Website: \_\_\_\_\_

### Badge Information *(List this information as you would like it to appear on your printed badge)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

### Special Needs

*Please use the space below to describe any special needs you may have, or any particular accommodations you require. If you require special accommodations to participate, fax a written description of your needs to 1-310-206-7122. IEDTA conference staff will contact you.*

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## CONFERENCE REGISTRATION FORM

### Registration Categories

Registration Includes:

- Conference Attendance
- Conference Proceedings
- Refreshment Breaks
- Friday Light Reception
- Saturday Evening Awards Banquet (a vegetarian option will be available)

DESCRIPTION	ATTENDEE	STUDENT (Must show ID at Conference)
Early Registration By May 31, 2005 (11:59pm)	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$255.00
Regular Registration June 1-Sept. 7, 2005	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$295.00
On-Site Sept. 8-11 (after 11:59pm on Sept. 7)	<input type="checkbox"/> \$445.00	<input type="checkbox"/> \$345.00

**AMOUNT DUE FOR REGISTRATION: \_\_\_\_\_**

*Please type or print clearly.*

### ATTENTION! THIS SECTION MUST BE COMPLETED.

To assist IEDTA in our planning, please indicate any and all events you plan to attend even though it may have already been included in your registration fee.

### Attendee Registration Information

EVENT	NAME	FEES	PLAN TO ATTEND/PURCHASE
SB	<b>Saturday Awards Banquet</b> Saturday, September 10, 8:00pm - 11:00pm	Included in Registration	<input type="checkbox"/>
SBV	<b>Saturday Awards Banquet (Vegetarian option)</b> Saturday, September 10, 8:00pm-11:00pm	Included in Registration	<input type="checkbox"/>
PK	<b>Parking requested.</b> Check here if you need parking. Payment must be made on-site and costs \$32.00 for entire conference (Thursday night arrival through Sunday check-out), (\$24.00 total for Friday through Sunday) or \$8.00 per day.	Pay on site	<input type="checkbox"/>

**Note: Family members and guests are welcome.** These individuals do not have to register for the conference; however, they will need a ticket if they plan to attend the Saturday evening Banquet.

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SBG	<b>Additional Saturday Awards Banquet Guest Ticket</b>  Saturday, September 10, 8:00pm-11:00pm	\$50.00 per Additional Guest	<input type="checkbox"/> # of Additional Guests: _____
SBGV	<b>Additional Saturday Awards Banquet Guest Ticket (Vegetarian option)</b>  Saturday, September 10, 8:00pm-11:00pm	\$50.00 per Additional Guest	<input type="checkbox"/> # of Additional Guests: _____

**AMOUNT DUE FOR ADDITIONAL GUEST TICKETS: \_\_\_\_\_**

**TOTAL AMOUNT DUE: \_\_\_\_\_**

### **Payment**

Full payment of all fees must accompany your housing registration. Registrations with partial payments or no payments will be returned unprocessed. All checks must be in U.S. funds and drawn on a U.S. bank, and be made payable to "UC Regents."

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