



2019 Ohio Psychological Association Annual Convention

REGISTRATION FORM

REGISTRATION DEADLINE IS APRIL 16, 2019

ATTENDEE INFORMATION: *One registration form per attendee.*

Name & Degree: (Please print)		License #	
Mailing Address:		Social Worker, MFT or Counselor Credit? (See page 19 for CE restrictions)	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Email Address:		Special Dietary Request:	<input type="checkbox"/> Vegan
Are you a speaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____	<input type="checkbox"/> Vegetarian
Workshop # _____			<input type="checkbox"/> GF
Phone Number:			

WORKSHOP AND SPECIAL EVENT SELECTIONS *Check the boxes next to the sessions/events you want to attend.*

Attention Custom Package Attendees: Please, **INCLUDE CE earned during lunch when computing fees.** Add-on fees for Wednesday's reception and Friday's lunch are available at the bottom of this page.

Day	8-9 AM No CE	9-10 AM 1 CE Credit	10:15 AM-12:15 PM 2 CE Credits	LUNCH	2:15-5:30 PM 3 CE Credits	EVENING ACTIVITY	DAILY CE TOTAL
Wed., April 24	<input type="checkbox"/> Assembly (No CE, FREE Event)	<input type="checkbox"/> Keynote	<input type="checkbox"/> Workshop 1	1 CE	<input type="checkbox"/> Workshop 4	Reception <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Workshop 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Workshop 5		
			<input type="checkbox"/> Workshop 3	<input type="checkbox"/> No	<input type="checkbox"/> Workshop 6		
Thurs. April 25	<input type="checkbox"/> Assembly (No CE, FREE Event)	<input type="checkbox"/> Workshop 7	<input type="checkbox"/> Workshop 10	1 CE	<input type="checkbox"/> Workshop 13	1 CE <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Workshop 8	<input type="checkbox"/> Workshop 11	<input type="checkbox"/> Yes	<input type="checkbox"/> Workshop 14		
		<input type="checkbox"/> Workshop 9	<input type="checkbox"/> Workshop 12	<input type="checkbox"/> No	<input type="checkbox"/> Workshop 15		
Friday, April 26		<input type="checkbox"/> Workshop 16	<input type="checkbox"/> Workshop 19	No CE	<input type="checkbox"/> Workshop 22		
		<input type="checkbox"/> Workshop 17	<input type="checkbox"/> Workshop 20	<input type="checkbox"/> Yes	<input type="checkbox"/> Workshop 23		
		<input type="checkbox"/> Workshop 18	<input type="checkbox"/> Workshop 21	<input type="checkbox"/> No	<input type="checkbox"/> Workshop 24		

FEES & PAYMENT INFORMATION: *Registration Ends on April 16, 2019*

IMPORTANT NOTICES: 1) See the back of this page for information on our **change fee, cancellation policy** and **membership levels.** Students who are not members should call OPA (614.224.0034) before registering to receive one year of **FREE OPA Membership.**

	<input type="checkbox"/> 3-Day Package	<input type="checkbox"/> 2-Day Package	<input type="checkbox"/> 1-Day Package	<input type="checkbox"/> Custom Package (Rates are per (1) CE earned.)
OPA Full Member	\$620	\$440	\$250	\$35
OPA Partner Member (No CE)	\$480	\$340	\$190	\$25
OPA Student Members (No CE)	\$300	\$200	\$110	\$15
Non-OPA Member	\$900	\$610	\$310	\$45

Enter Registration Fee	\$ _____	PAYMENT OPTIONS:	
Custom Package Convenience Fee \$40	+ \$ _____	<input type="checkbox"/> Check Enclosed <i>(Made payable to the OPA)</i>	<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard
Custom Package Add-Ons: Wed. Reception \$20/ Fri. Lunch \$30	+ \$ _____		
OPA-PAC Donation (Optional)	+ \$ _____	Completed registration forms can be: mailed to OPA, 395 E. Broad St. #310, Columbus, OH 43215, faxed to 614.224.2059, or visit www.ohpsych.org to register online with a credit card.	Account Number _____
Less OPA CE Coupon (if applicable) Enter Promo Code: _____	- \$ _____		Expiration Date _____ Security Code _____
Less \$40 Early Bird Discount (if postmarked by 4/3/19)	- \$ _____		Signature _____
Less \$20 Pre-Registration Discount (if postmarked between 4/4/19- 4/16/19)	- \$ _____		
TOTAL AMOUNT DUE:	\$ _____		