

REGISTRATION

CONTACT INFORMATION: CHECK HERE IF YOU ARE A FIRST TIME ATTENDEE ■

LAST NAME: _____ FIRST NAME: _____
 BADGE NAME: _____ HIGHEST DEGREE (E.G., MA): _____
 WORKPLACE/FACILITY: _____
 SPOUSE/GUEST: _____
 MAILING ADDRESS: _____
 CITY, STATE/PROVINCE, POSTAL CODE: _____
 COUNTRY: _____
 DAYTIME PHONE: _____ EVENING PHONE: _____
 EMAIL ADDRESS: _____ FAX NUMBER: _____

CONFERENCE FEES: Existing CAPS members who wish to register for the conference and renew their annual membership in a single transaction can do so by visiting the CAPS website (www.CAPS.net), or by calling the CAPS office at (630)639-9478. **Pre-conference and post-conference workshops** are an additional fee. All seeking continuing education credit, or certificate of attendance must also pay the Continuing Education Fee.

FULL CONFERENCE FEES: Full conference fees include all plenary and breakout sessions, conference materials, Thursday Evening Kickoff Dinner and Welcome Reception, Friday Plenary Luncheon, and refreshment breaks. .

	EARLY BIRD By February 1, 2016	AFTER FEBRUARY 1, 2016 including on-site registration	AMOUNT
CAPS Member	\$315	\$370	#___ \$___
Non-CAPS Member	\$395	\$455	#___ \$___
Student-CAPS Member	\$195	\$250	#___ \$___
Student-Non-CAPS Member	\$240	\$295	#___ \$___
New Member Package*	\$400	\$460	#___ \$___
New Student Member Package*	\$230	\$285	#___ \$___
Spouse/Guest Attending Presentations	\$230		#___ \$___

THURSDAY or FRIDAY ONE-DAY-ONLY RATES: Thursday-only includes one ticket for the Thursday evening meal (Thursday pre-conference workshops are an additional fee). Friday-only includes one ticket for the Friday luncheon. ■ THURSDAY ■ FRIDAY

	THURSDAY	FRIDAY	
Per diem CAPS Member	\$225	\$255	#___ \$___
Per diem Non CAPS Member	\$270	\$300	#___ \$___
Per diem Student CAPS Member	\$170	\$190	#___ \$___
Per diem Student Non-CAPS Member	\$180	\$205	#___ \$___
Per diem Spouse or Guest	\$180	\$205	#___ \$___

SATURDAY ONE-DAY-ONLY RATES: Saturday fees below do not include post-conference workshops; those are an additional fee.

Per diem CAPS Member	\$110	#___ \$___
Per diem Non CAPS Member	\$135	#___ \$___
Per diem Student CAPS Member	\$90	#___ \$___
Per diem Student Non-CAPS Member	\$100	#___ \$___
Per diem Spouse or Guest	\$90	#___ \$___

CONTINUING EDUCATION FEE:

■ Same for all attendees requesting such \$60 #___ \$___

Conference Fee Total \$_____

Additional meal tickets may be purchased by calling the CAPS office at (630) 639-9478.

PRE-CONFERENCE WORKSHOP (THURSDAY) FEES

WORKSHOP #1, 2, 4 (9:00AM-NOON)

Regular	Student			Regular	Student
<input type="checkbox"/>	<input type="checkbox"/>	WSA 1	Dr. Gary Moon	\$85	\$50
<input type="checkbox"/>	<input type="checkbox"/>	WSA 2	Drs. Jenny Pak, Bradford Smith, Alvin Deuck	\$85	\$50
<input type="checkbox"/>	<input type="checkbox"/>	WSA 4	Drs. Claudia Grauf-Grounds, Hee-Sun Cheon, Scott Edwards and Don MacDonald	\$85	\$50

#_____ @ \$85/\$50 \$_____

MORNING WORKSHOP #3 (8:00AM-1:00PM)

Regular	Student			Regular	Student
<input type="checkbox"/>	<input type="checkbox"/>	WSA 3	Drs. Lowell Hoffman and Marie Hoffman	\$135	\$70

#_____ \$_____

POST-CONFERENCE WORKSHOP (SATURDAY) FEES

AFTERNOON WORKSHOPS #6-9 (2:00-5:00PM)

Regular	Student			Regular	Student
<input type="checkbox"/>	<input type="checkbox"/>	WSB 5	Dr. Donna Orange	\$85	\$50
<input type="checkbox"/>	<input type="checkbox"/>	WSB 6	Robert Pramann & Karen Burton	\$85	\$50
<input type="checkbox"/>	<input type="checkbox"/>	WSB 7	Mr. John Thorington	\$85	\$50
<input type="checkbox"/>	<input type="checkbox"/>	WSB 8	Drs. James Van Slyke, Peter Hill, Joshua Hook, Donald Davis	\$85	\$50

#_____ @ \$85/\$50 \$_____

Pre-and Post-Conference Fee total \$_____

GRAND TOTAL DUE (including fees from previous page) \$_____

PAYMENT METHOD:

Request for refunds must be received by March 1, 2015, and are subject to an administrative service charge of \$50. Refunds will not be given after that date.

Check, or: Amer. Express MC Visa Discover

CC#: _____ Exp. Date: _____ Authorization Code (three digits on back) _____

Billing address for Credit Card: _____

Authorized Signature: _____