

THE ASSOCIATION OF BLACK PSYCHOLOGISTS, Inc.

51st Annual International Convention

July 24 – July 28, 2019 – Rosen Center Hotel, Orlando, FL

REGISTRATION FORM

**Register Online at www.abpsi.org/convention/*

Name _____
First Middle Initial Last Suffix Designation (Ph.D., Psy.D. etc.)

Address _____

City _____ State _____ Postal Code _____ Country _____

Phone _____ Email _____ Meal Preference: Vegetarian []

Emergency Contact _____ Phone _____

Registration Category	Early Bird Rate Ends 4/30/19	Online Registration Ends 7/16/19	On-Site Rate Begins 7/24/19	5% Credit Card	Line Total
Professional Member	\$300.00	\$350.00	\$425.00		
Professional Non-Member	\$350.00	\$425.00	\$475.00		
Professional Presenter Member	\$300.00	N/A	N/A		
Professional Presenter Non-Member	\$350.00	N/A	N/A		
Student Member	\$110.00	\$155.00	\$170.00		
Student Non-Member	\$170.00	\$195.00	\$245.00		
Student Member Presenter	\$110.00	N/A	N/A		
Student Non-member Presenter	\$170.00	N/A	N/A		
Guest (Non-member who accompanies a paid registrant)	\$150.00	\$200.00	\$250.00		
Senior Citizen Member (65+)	\$150.00	\$175.00	\$225.00		
Senior Citizen Non-Member (65+)	\$200.00	\$225.00	\$275.00		
Daily Rate (select day) <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri <input type="checkbox"/> Sat	\$150.00	\$150.00	\$150.00		
Continuing Education Units (CEUs) ONLY	\$80.00	\$80.00	\$80.00		
CABP Seminar ONLY	\$ 75.00	\$75.00	\$75.00		
CE & CABP Bundle	\$100.00	\$100.00	\$100.00		
Non-Profit or Community Activist (Non-Members)	\$150.00	\$200.00	\$250.00		
Additional Banquet Ticket (1 included in registration)	\$65.00	\$65.00	\$65.00		

Ribbon Options: Below select all that apply

- Awards Recipient
- CABP
- Council of Elders
- Distinguished Psychologists
- First-Time Attendee
- Founder
- Lifetime Member
- National Board Member
- Past President
- Past SC Chair
- SC Board
- Speaker

GRAND TOTAL \$ _____

Circle Payment Method: Cash Check Money Order VISA MasterCard
American Express Purchase Order # _____

Name of Card Holder _____

Credit Card Number _____

Exp. Date _____ CCV _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____

MAIL FORM/PAYMENTS TO: The Association of Black Psychologists, Inc.
7119 Allentown Rd, Suite 203, Ft. Washington, MD 20744. **FAX FORM WITH
CREDIT CARD PAYMENT TO:** 301-449-3084 or **EMAIL TO:** abpsi@abpsi.org

QUESTIONS? Contact the National Office at 301-449-3082 or abpsi@abpsi.org

Conference Registration Policies

- Attendees of other ABPsi programs offered at convention must pay convention registration fee in addition to cost of program.
- Annual National membership dues must be current at the time of registration in order to receive the member registration rate.
- Registration Fees include the Presidential Opening, Receptions, and Presentations.

CANCELLATION POLICY: Cancellations must be submitted in writing and received by June 3, 2019 to receive a refund. Refunds are assessed a \$50.00 processing fee. Cancellations not received by June 3, 2019 will forfeit any refund.

CONSENT TO USE PHOTOGRAPHIC IMAGES:
Registration and attendance at or participation in ABPsi conventions constitutes an agreement by the registrants to ABPsi's use of the registrant or attendee's image.