



October 21 - 24, 2009
Pre-Conference Trainings, October 20 - 21
Hyatt Regency Dallas
Dallas, Texas USA

Please mail or fax this form completed to:

EAPA
Attn: Conference Registration
4350 N. Fairfax Drive, Suite 410
Arlington, VA 22203
Fax: 703-522-4585
Phone: 703-387-1000

ATTENDEE REGISTRATION FORM

Attendee Information (*These fields will be printed on the conference badge.)

First Name* _____ Last Name* _____
 Member Number: _____ Credentials* _____
 (limit two): _____
 Employer/Organization*: _____ Job Title*: _____
 Address1: _____ Address2: _____
 City*: _____ State/Province*: _____ Zip Code: _____ Country*: _____
 Phone: _____ (Including appropriate country, city, and area codes)
 Email: _____ Guest Name (if applicable): _____

Conference Registration Fees (All Amounts in US Currency) Conference registration fees include access to the EAPA Marketplace, Continental Breakfast and Box Lunch in the EAPA Marketplace, the Annual Awards Luncheon and President's Banquet and Celebration. Pre-Conference Trainings are NOT included in registration fees.

	Faxed or postmarked on or before 09/10/09		Faxed or postmarked before 10/20/09		Submit On-Site After 10/20/09		Total Due
	Member	Non-Member	Member	Non-Member	Member	Non-Member	
Full Annual World EAP Conference Fee	<input type="checkbox"/> \$645.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$745.00	<input type="checkbox"/> \$895.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$945.00	
New First Time Member Package (for first time members of EAPA only. Not valid for renewals or lapsed members. Does not include chapter dues.)	<input type="checkbox"/> \$745.00		<input type="checkbox"/> \$845.00		<input type="checkbox"/> \$895.00		
Student Conference Registration Fee (Proof of student status required)	<input type="checkbox"/> \$395.00		<input type="checkbox"/> \$395.00		<input type="checkbox"/> \$395.00		
Daily Conference Fees (Based on Day of Attendance)	Thursday, October 22, 2009		Friday, October 23, 2009		Saturday, October 24, 2009		
(No discount for early registration on daily conference fees)	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$410.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$460.00	

Optional Services (not included in full conference registration)

EAPA Learning Center Conference Online	<input type="checkbox"/> \$99.00	<input type="checkbox"/> \$129.00	<input type="checkbox"/> \$99.00	<input type="checkbox"/> \$129.00	<input type="checkbox"/> \$99.00	<input type="checkbox"/> \$129.00	
Fun Run	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$30.00		
CEU/CECH (for NASW, NAADAC, CA LMFT/CA LCSW and NBCC)	<input type="checkbox"/> \$25.00		<input type="checkbox"/> \$25.00		<input type="checkbox"/> \$25.00		

Pre-Conference Trainings, October 20-21, 2009 (includes all training materials, and morning and afternoon breaks. Lunch is on your own. Conference registration is not included in pre-conference training fees.)

October 20-21: DOT/SAP Training	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$455.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$485.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$485.00	
October 20: Ethical Implications Online	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 20: 20 Years Beyond Debriefings	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 20: Restoring the Workplace	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 21: Essential Sales Skills for the Non-Sales Professional	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 21: Positive Psychology at Work	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	


Guest Tickets (Please purchase tickets for any guest who plans to attend the listed events.)

Guest Pass for Exhibit Hall (includes Grand Opening Reception, Thursday Box Lunch, and daily breakfast)	<input type="checkbox"/> \$95.00 Quantity: _____	<input type="checkbox"/> \$95.00 Quantity: _____	<input type="checkbox"/> \$95.00 Quantity: _____	
Guest Ticket for Keynote Session Only (good for one day only)	<input type="checkbox"/> \$35.00 Day: _____	<input type="checkbox"/> \$35.00 Day: _____	<input type="checkbox"/> \$35.00 Day: _____	
Guest Ticket for Annual Awards Luncheon	<input type="checkbox"/> \$95.00 Quantity: _____	<input type="checkbox"/> \$95.00 Quantity: _____	<input type="checkbox"/> \$95.00 Quantity: _____	
Guest Ticket for President's Banquet & Celebration	<input type="checkbox"/> \$95.00 Quantity: _____	<input type="checkbox"/> \$95.00 Quantity: _____	<input type="checkbox"/> \$95.00 Quantity: _____	
TOTAL AMOUNT DUE				

Name: _____ Phone: _____

Refund Policy

EAPA Conference and Professional Development Cancellation Policy: All requests for refunds must be in writing. Refund requests received prior to the end of business (5:00 pm EST) on September 10, 2009 will be subject to a \$100 cancellation fee. After that date, NO further refunds can be made. All refunds will be processed after November 1, 2009. There are NO exceptions to this refund policy. Substitutions are allowed.

Yes, I have special physical , dietary (vegetarian, kosher, etc.), or other needs. If so, please explain _____

Please delete the following information from rented conference mailing lists: delete my email address delete my mailing address delete all my contact information

Payment Information Only one form of payment please!

Check (Check No. _____) VISA MasterCard American Express Discover

Make checks payable to EAPA. If paying by credit card, you agree to pay the total amount due according to the card issuer agreement.

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Attendee Profile/Survey

1. Please check this box if 2009 is your first time attending the EAPA Annual World EAP Conference.

2. Please update my EAPA membership contact information as stated above.

3. How did you hear about the EAPA 2009 Annual World EAP Conference? E-mail EAPA Website Postcard Registration Preview Brochure Chapter Meeting Word of Mouth Other _____

4. Please check the selection that BEST describes your work. EA program management/administration EA counseling/consulting with employees EA employer services (e.g. management training/consulting) Peer assistance EA account management EA sales/marketing Network clinician/therapist Research/Academic Student Treatment facility-clinical Treatment facility-marketing HR or Benefits Management Work-Life Other (specify) _____

5. How often do you visit the EAPA Website? Daily Weekly Monthly Rarely Comments: _____

6. Are you a CEAP? If so, what year did you receive your certification? _____