



U. C. Berkeley School Psychology Program

45th Annual Conference

Building School-Family Partnerships: Strategies that Promote Student Success

Friday, April 27th, 2012 8:15am - 3:30pm

The Claremont Hotel, Berkeley CA

Space is limited to first come first serve. If this registration form reaches our office and the conference is full, we will return it to you. Use online registration if you would like to guarantee your seat.

I. Participant Information (please list each person on a separate form with attendee's information)

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-Mail & Cell Phone of Attendee: _____

University Contact Name and Email/Phone No.*: _____

(*For students only to verify student status)

Professional Category: School Psychologist, School Adm, Teacher, Special Education Teacher, Other Education Professional, Counseling Psychologist, Other Psychology Professional, Student, Parent, _____

Are you a UCB School Psych Program Alum (for name tag designation)? Yes No

Are you interested in receiving CEUs through BBS for attending the conference, and if so, for what license?

II. Payment Information: If you are sending a Purchase Order – be sure it include a check!

To ensure availability of the complimentary lunch, please register by April 16th.

	Qty	Early Registration Till March 15, 2012	March 16, 2012 – April 27, 2012	Subtotal
Non-Student		<input type="checkbox"/> \$99	<input type="checkbox"/> \$125	
Student		<input type="checkbox"/> \$49	<input type="checkbox"/> \$69	

Make checks payable to:

Psych Educ Applied Research

* Receipts will be available at the registration table on the day of the conference.

Total Amount Due:

Amount Enclosed:

We are sending a purchase order and a check is on the way.

PO Contact Person and Information _____

Mail completed registration form and payment to:

UC Berkeley Graduate School of Education

510/642-4202 ucbschpsyc@gmail.com

School Psychology Program Attn: School Psychology Conference

4511 Tolman Hall #1670 Berkeley, CA 94720-1670

Note: Registration by April 16th includes continental breakfast & box lunch. Please send us a note if you have any specific dietary requirements or require any special accommodations. Refund requests must be received in writing by April 16, 2012 and will be subject to a \$15 handling fee.

<p><i>For Committee Use Only:</i></p> <p>Rec'd: _____</p> <p>Entered: _____</p> <p>Emailed: _____</p>	<p><input type="checkbox"/> Check <input type="checkbox"/> P.O. <input type="checkbox"/> Split</p> <p>Rec'd: _____</p> <p>No: _____</p> <p>Amt: _____</p>	<p><input type="checkbox"/> Complete: _____</p> <p><input type="checkbox"/> Inc.: _____</p>
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