



**NAME** \_\_\_\_\_  
(As you want it to appear on your nametag.)

**DEGREE** \_\_\_\_\_ **PROFESSION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
Email Required For CE Evaluation

Please select one morning workshop and one afternoon workshop each day you are attending.

<b>FRIDAY</b>	<b>MORNING WORKSHOPS</b>	<b>AFTERNOON WORKSHOPS</b>
	Treating Insomnia: Nuts and Bolts of CBT PACT—Psychobiological Approach to Couples Therapy	Pediatric Sleep Interventions Screens, Teens, & Tweens
<b>SATURDAY</b>	<b>MORNING WORKSHOPS</b>	<b>AFTERNOON WORKSHOPS</b>
	Preventing Gun Violence & Suicide	Dialectical Approach to Chronic Pain
	Autism Spectrum Disorders in the Early Years	Young Children with ASD
	New Testing Codes	

**DIETARY RESTRICTIONS?** \_\_\_\_\_

	Friday Only	Saturday Only	Full Conference	Late Fee *after noon on April 12th
<b>NCPA MEMBERS &amp; OTHER PROFESSIONS</b>	\$200	\$200	\$365	\$75
<b>EARLY CAREER (NCPA MEMBERS ONLY)</b>	\$165	\$165	\$290	\$75
<b>PSYCHOLOGIST NON-MEMBER</b>	\$265	\$265	\$490	\$75
<b>STUDENT</b>	\$90	\$90	\$160	\$75
<b>GUEST</b>	\$40	\$40	\$80	\$75

*NOTE: Spaces will not be reserved without payment. Dues must be paid for member rate.*

I would like to make a tax-deductible gift to the NC Psychological Foundation in the amount of \_\_\_\_\_

**PAYMENT METHOD**    Check (made payable to NCPA)    Visa    MasterCard

**CREDIT CARD INFO**    **NAME ON CARD** \_\_\_\_\_  
*For credit card payment, please complete the following*

**CARD NUMBER** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_ **CCV#** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

- RETURN THIS FORM**
1. Mail to NCPA: 1004 Dresser Court, Suite 106, Raleigh, NC 27609
  2. Fax form to 919.872.0805
  3. Email form to [karen@ncpsychlogy.org](mailto:karen@ncpsychlogy.org)