

OPA 2020 Conference Registration Form

To register for the OPA Annual Conference, please fill out the following registration form in its entirety and send with payment to OPA. Registration for members and nonmembers includes conference sessions and online handouts (if applicable), breaks and indicated meals for the days registered. Additional or extra tickets for spouses, companions or guests can be purchased for the Friday and Saturday lunches.

First Name: _____ Last Name: _____ Designation(s): _____

Company Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Fax: _____

Email: _____

The above information is a change of address/communications for the OPA database.

Are you a psychologist? Yes No Are you an early career psychologist (in practice for 5 years or less)? Yes No

SPECIAL NEEDS

If you have any special requirements (i.e., handicapped access, vegetarian diet, culturally or medically necessary dietary restrictions, etc.) that would necessitate advance planning on our part, please let us know by writing it on the line below. Requests must be made a minimum of 72 hours in advance of the event. _____

BREAKOUT SESSION SELECTIONS

For planning purposes, please select the breakout sessions you plan on attending from the choices below.

Please refer to the brochure for titles of the sessions.

Select one for each session	Friday – May 1				
	1:30 – 3:00 pm	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A2 – Digital Course Only
	3:15 – 4:15 pm	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> B1 – Digital Course Only
	5:30 – 7:30 pm	<input type="checkbox"/> OPA Social			
	Saturday – May 2				
	10:30 am – 12:00 pm	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C1 – Digital Course Only
	1:30 – 3:00 pm	<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> D3	<input type="checkbox"/> D1 – Digital Course Only
	3:30 – 5:00 pm	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> E2 – Digital Course Only

CANCELLATION POLICY

Cancellations received on or before April 18 will receive their total registration fee minus a \$50 administrative processing fee. Cancellations received after April 18 and by April 25 will receive a 50% refund of their total registration fee. Cancellations after April 25 are not eligible for refunds. No shows and same day cancellations will not be refunded any registration fees. There will be no reduction in fees for partial attendance.

Continued on Reverse Side →

REGISTRATION PACKAGES

Please check the box for the package for which you are registering:

On-Site Conference Attendance ONLY

	One Day Only		Entire Conference	
	Early Bird <small>(If Registered by April 6)</small>	Regular <small>(After April 6)</small>	Early Bird <small>(If Registered by April 6)</small>	Regular <small>(After April 6)</small>
OPA Members	<input type="checkbox"/> \$199	<input type="checkbox"/> \$225	<input type="checkbox"/> \$375	<input type="checkbox"/> \$399
Life or Service Members*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$199	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350
Student Member**	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85
Non-Member***	<input type="checkbox"/> \$270	<input type="checkbox"/> \$295	<input type="checkbox"/> \$440	<input type="checkbox"/> \$465
Student Non-member**	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$125	<input type="checkbox"/> \$140

Digital (Virtual) Off-Site Attendance ONLY

	One Day Only		Entire Conference	
	Early Bird <small>(If Registered by April 6)</small>	Regular <small>(After April 6)</small>	Early Bird <small>(If Registered by April 6)</small>	Regular <small>(After April 6)</small>
OPA Members	<input type="checkbox"/> \$99	<input type="checkbox"/> \$115	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Life or Service Members*	<input type="checkbox"/> \$75	<input type="checkbox"/> \$99	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Student Member**	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85
Non-Member***	<input type="checkbox"/> \$170	<input type="checkbox"/> \$185	<input type="checkbox"/> \$290	<input type="checkbox"/> \$315
Student Non-member**	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$125	<input type="checkbox"/> \$140

Total Registration Fees \$ _____

*Service member registration applies to committee and board members currently volunteering service to OPA. Please list the OPA committee or office on which you currently serve:

**Students: Please list the university you attend: _____

*****Special Membership Opportunity:** Nonmembers can return a completed Conference registration form and an OPA membership application with payment to receive an additional \$50 discount on new membership. (Applicable only to PML and PMNL membership categories.) Call OPA at 503.253.9155 or 800.541.9798 to request an application.

EXTRA MEAL TICKETS

Extra Friday lunch ticket(s) _____ @ \$45 each..... \$ _____
 Name(s) for ticket holder _____

Extra Saturday lunch ticket(s) _____ @ \$45 each..... \$ _____
 Name(s) for ticket holder _____

PAYMENT **Total Amount Due: \$** _____

Payment must accompany registration, and your registration will be confirmed via email – please make sure we have your current email address. Payment can be made by check payable to OPA, or by credit card. There will be no reduction in fees for partial attendance.

Please note that OPA cannot accept registrations via email due to credit card security policies. Please mail or fax in your registration with payment, or register online at www.opa.org.

To pay by credit card, please fill out the following information: Visa Mastercard American Express Discover

Card number: _____

Expiration date: _____ Amount authorized: _____ CVV _____

Cardholder's name: _____

Signature: _____

Credit card billing address: _____

City: _____ State: _____ Zip: _____

Email Receipt to: _____

Registrant agrees to grant OPA and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by OPA and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.

PLEASE SEND CONFERENCE REGISTRATION & PAYMENT TO:

Oregon Psychological Association (OPA), 147 SE 102nd Avenue, Portland, OR 97216, or Fax to OPA at 503.253.9172

Questions? Contact OPA at 503.253.9155 or 800.541.9798 or info@opa.org