



Society of Pediatric Psychology Annual Conference Registration Form

Attendee Information

Prefix: _____ First Name*: _____ Last Name*: _____

Designation(s): (Bachelor's, MD, PhD, etc.) _____

Email*: _____ Phone: _____

Institution/Company*: _____ Position Title*: _____

Mailing Address*: _____

City*: _____ State/Province*: _____ Postal Code*: _____ Country*: _____

Preferred Pronouns:

- she/her/hers
- he/him/his
- they/them/theirs
- Ella
- Ellx
- El
- Ze/zir/zirs
- Ze/hir/hirz

Current Career:

- Post-Baccalaureate
- Graduate Student
- Intern
- Post-doc Fellow
- Licensed Psychologist
- Retired
- N/A

Are you a first-time attendee of SPPAC?

- Yes
- No

Do you identify as belonging to a marginalized group(s) (e.g., race/ethnicity, gender, sexual orientation, religion, immigration status, country of origin, disability, first generations scholar)?

- Yes
- No
- Prefer Not to Answer

Please continue on to next page

** = indicates required field*

If you are a student, would you like to be considered for a travel award based on need?

- Yes
- No
- I am not a student

Are you a patient and/or family voice?

- Yes
- No

Registration Type:

	Early Registration: Through March 8, 2024			Late Registration March 9 – April 27, 2024		
	Conference Registration	+ One Workshop	+ Two Workshops	Conference Registration	+ One Workshop	+ Two Workshops
Member	<input type="radio"/> \$495	<input type="radio"/> \$645	<input type="radio"/> \$745	<input type="radio"/> \$595	<input type="radio"/> \$745	<input type="radio"/> \$845
Non-Member	<input type="radio"/> \$645	<input type="radio"/> \$845	<input type="radio"/> \$945	<input type="radio"/> \$745	<input type="radio"/> \$945	<input type="radio"/> \$1,045
Student Member	<input type="radio"/> \$220	<input type="radio"/> \$320	<input type="radio"/> \$395	<input type="radio"/> \$320	<input type="radio"/> \$420	<input type="radio"/> \$495
Non-Member Student	<input type="radio"/> \$345	<input type="radio"/> \$445	<input type="radio"/> \$520	<input type="radio"/> \$445	<input type="radio"/> \$545	<input type="radio"/> \$620
Retiree	<input type="radio"/> \$220	<input type="radio"/> \$320	<input type="radio"/> \$395	<input type="radio"/> \$320	<input type="radio"/> \$420	<input type="radio"/> \$495

*Payment must be submitted by March 8, 2024 to receive early registration pricing. No exceptions.

Would you like to attend the Student Mentoring Lunch on Friday April 26th from 11:00am-12:00pm? If so, the Student Advisory board will contact you separately to gather additional information for the mentoring math and meal preferences.

- Yes, as a mentee
- Yes, as a mentor
- No

Please indicate your interest and availability for our SPPAC 2024 Service Event. The event will be held on Thursday April 25th, 2024 from 3:30-5:30pm. Please note, there will be no conflicting programming scheduled during this time. The event will take place off site and transportation to and from the event will be covered. *Note: The completion of this form does not confirm your slot as spaces will be assigned on a first-come, first-serve basis. Please hold the time if planning to attend and we will confirm that you have been assigned a lot as soon as possible via email. Please do not indicate availability unless you can commit to participation on this date and for the entire time slot. Please visit www.pedpsych.org/meetings-events/sppac-2024/ service project tab for more information.

- I am interested and can confirm my availability for the date/time of the Service event.
- I am interested but cannot confirm availability at this time. Please reach out to me if spaces become available closer to the date
- I am not interested in participating in the Service event.

* = indicates required field

Emergency Contact Name _____ Emergency Contact Cell _____

If you are a healthcare professional outside of psychology please indicate your profession _____

Do you have any dietary restrictions? If so, please list _____

Do you require any special accommodations? If so, please list _____

PAYMENT INFORMATION

I am a first time attendee that identifies as belonging to a historically marginalized background and would like a discount applied to my registration

***Total:** \$ _____

***Payment Type:**

Credit Card: AMEX Discover Master Card VISA

Check (made payable to the Society of Pediatric Psychology and sent to SPP at 555 E. Wells Street, Suite 1100, Milwaukee, WI 53202)

Name on Card*: _____ Expiration Date*: _____

Card Number*: _____

Billing Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Signature*: _____ Date*: _____