

AAPB's 38th Annual Meeting Registration Form • February 15-18, 2007

One registration form per attendee. Copy this form as needed. (Please print or type)

Last Name: _____

FOUR EASY WAYS TO REGISTER:

- 1) Online: www.aapb.org
- 2) Fax: 303-422-8894
- 3) Mail: AAPB, 10200 West 44th Ave., Ste. 304, Wheat Ridge, CO 80033
- 3) Bring this form to the event



1. Registrant Information

Name: _____
First Last Credentials

Affiliation: _____

Address: _____

City: _____ State: _____ Postal/Zip Code: _____

Country: _____ Is this a new address: Yes No

Day Phone: (____) _____ FAX: (____) _____

E-mail address (print clearly): _____

License # _____

First-time Attendee? Yes No New Member since 4/06 Yes No

Are you BCIA Certified? Yes No If yes, for General BF and/or EEG??

Confirmation Preference email mail Vegetarian meals required Yes No

For Continuing Education purposes,

please check all that apply:

Nurse Physician Social Worker Psychologist Physical Therapist

2. Fee Schedule

Full Registration

	Early Discount Before 1/12/07	Regular After 1/12/07
AAPB Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$423
Spouse of AAPB Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$423
SNR Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$423
ISMA Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$423
Nonmember	<input type="checkbox"/> \$449	<input type="checkbox"/> \$523
Full-time student (enclose copy of ID)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90

One-Day Registration

Friday, 2/16/07	<input type="checkbox"/> \$179	<input type="checkbox"/> \$199
Saturday, 2/17/07	<input type="checkbox"/> \$179	<input type="checkbox"/> \$199
Sunday, 2/18/07	<input type="checkbox"/> \$179	<input type="checkbox"/> \$199

Registration received after 1/26/07 will be processed on site.

Registration Fee: \$ _____

*Discount: \$ _____

*Deduct (\$15) for each additional registration from the same organization submitted at the same time. Excludes students and one-day registrations.

Registration Fee Total: \$ _____

Are you a speaker? Yes No Type _____

3. Workshops See pages 17 – 25 to help you make selections.

Planning to Proctor? Only indicate workshops that you intend to pay for. Check box to attend. See page 11 for proctoring details.

	Member		Non-Member	
	Before 1/12/07	After 1/12/07	Before 1/12/07	After 1/12/07
Tuesday, 7am – 6:30pm, and Wednesday, 7am – 5:30pm				
WS1	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$469	<input type="checkbox"/> \$499
Wednesday, 6:30pm – 9:30pm, and Thursday 8am – 5pm				
WS2	<input type="checkbox"/> \$249	<input type="checkbox"/> \$289	<input type="checkbox"/> \$259	<input type="checkbox"/> \$299
Wednesday				
WS3 8am – 5pm	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$270
WS4 8am – 5pm	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$270
WS5 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS6 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS7 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS8 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS9 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS10 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS11 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS12 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
Thursday				
WS13 8am – 5pm	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$270
WS14 8am – 5pm	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$270
WS15 8am – 5pm	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$270
WS16 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS17 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS18 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS19 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS20 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS21 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS22 8am – 5pm	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$270

	Member		Non-Member	
	Before 1/12/07	After 1/12/07	Before 1/12/07	After 1/12/07
Sunday				
WS23 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS24 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS25 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS26 8am – 12pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS27 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS28 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170
WS29 1pm – 5pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170

Workshop Total: \$ _____

4. CE Certificate Fee

Individuals who need proof of attendance for continuing education purposes, please check the box. (see page 13 for complete explanation)

I have read and understand the requirements to receive a certificate of continuing education

5. Nurses Breakfast – All nurses invited

Friday, February 16, 6:45am – 8:15am \$20

6. Section/Division Meetings

(Please indicate your intent to attend) See schedule on page 5.

Allied Health Professionals Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applied Respiratory Psychophysiology Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
International Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mind/Body Medicine Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurofeedback Division	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Optimal Functioning Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performing Arts Psychophysiology Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
sEMG/SESNA Division	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Please indicate your intent to attend

Thursday, February 15

KEY1 – Patrick Wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RECOpen - Opening Reception	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Pizza Party	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Friday, February 16

SC1 - Siegfried Othmer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SC2 – Susan E. Antelis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SC3 – Fred Shaffer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KEY2 – Robert Gorter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LUNED - Meet the Editor Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LUNST - Student Roundtable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INV1 – Michael Geisser	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM01 – Frank Echenhofer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM02 – Michael K. Linden	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM03 – Donald Moss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM04 – Kayle Sandberg-Lewis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INV2 – Thomas Ritz	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM05 – Michael Geisser	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM06 – Susan Antelis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM07 – Richard Gevirtz	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM08 – Paul Lehrer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM09 – Jan Newman	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Saturday, February 17

SC4 - Liana Mattulich	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SC5 – Kris Alan Sharp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SC6 – Bruno Kappes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SP01 – Distinguished Scientist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KEY3 – Julie Onton	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM10 – Denise Fortino	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INV3 – Joe Kamiya	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM11 – Thomas Collura	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM12 – Gabe Sella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM13 – Donald Moss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM14 – Larry Stevens	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM15 – Donald Moss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM16 – William Hudspeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Saturday Night Biofeedback Bistro	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sunday, February 18

SYM17 – M. Barry Serman	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SYM18 – Walton T. Roth	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Room Sharing Plan

AAPB can assist interested members in identifying shared hotel lodging opportunities at the The Hyatt Regency Monterey for the Annual Meeting. If you plan to attend and are looking for a roommate, please complete this section and AAPB will send you a list with the names of other members who are interested in sharing a room.

Note: We will contact you by email or fax. Please make sure you have included your email address or fax number in Section 1.

Male Female Smoker Non Smoker

Check in date _____ Check out date _____

9. Method of Payment

Total Due \$ _____

Option 1 – Total amount due Total Enclosed: \$ _____

Payment Plan:

Option 2 – Minimum of \$200 deposit payable now, balance to be paid by January 19, 2007.

Deposit: \$ _____ (Check dates below)

Payment schedule:

Charge additional payment(s) OR I will send in additional check(s).
to my credit card below.

Please indicate below the dollar amount you wish each payment to be.

Payment 1 – \$ _____ by December 20, 2006 Payment 3 – \$ _____ by February 2, 2007

Payment 2 – \$ _____ by January 15, 2007

American Express Visa Master Card Discover

Card # _____

Expiration Date ____/____/____ Amount to be charged: \$ _____

Name on the card: _____

Signature: _____

Notes

- JOIN AAPB NOW and use member-rate registration fees. www.aapb.org
- FULL-TIME STUDENTS: May take a 50% discount for Workshops.
- SPECIAL SERVICES: If you have a disability which may require special accommodations in order to fully participate in the AAPB Annual Meeting, please contact the AAPB office at (800) 477-8892 to discuss your specific needs.

Cancellation Policy:

Cancellations received in writing by January 26, 2007 will be issued a refund less a \$50 processing fee. NO refunds will be granted after January 26, 2007. Refunds are processed following the conference.

Mail or fax form with payment to

AAPB, 10200 West 44th Avenue, Suite 304

Wheat Ridge, CO 80033-2840, USA

Phone: (800) 477-8892, Fax: (303) 422-8894

Questions? Email aapb@resourcenter.com