

AAPB 41st Annual Meeting Registration Form March 24-27, 2010

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

Registration Information				
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">(First) (Last) (Credentials)</small>				
Affiliation: _____				
Address: _____				
City: _____ State: _____ Zip: _____ Country: _____				
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Day Phone: _____ Fax: _____				
Email: _____ License Number _____				
First-Time Attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No	New Member Since 3/2009? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you BCIA Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for <input type="checkbox"/> General BF and/or <input type="checkbox"/> EEG	Vegetarian Meals Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	For continuing education purposes, please check all that apply: <input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Other: _____

Fee Schedule		
Full Registration	Before 2/19/10	After 2/19/10
AAPB Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$480
Spouse of AAPB Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$480
ISNR Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$480
Non-Member	<input type="checkbox"/> \$525	<input type="checkbox"/> \$580
Full-Time Student (enclose copy of student ID)	<input type="checkbox"/> \$95	<input type="checkbox"/> \$110
One-Day Registration	Before 2/19/10	After 2/19/10
Friday, March 26, 2010	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225
Saturday, March 27, 2010	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225
<i>*Deduct \$15 for each additional registration from the same organization submitted at the same time. Excludes students and one-day registrations.</i>	Registration Fee: \$ _____	*Discount: \$ _____
Registration Fee Total: \$ _____		

Nurse's Breakfast
Nurses Breakfast – All nurses invited Friday, March 26, 2010, 7:30am – 8:30am \$20
Nurses Breakfast: \$ _____

Section/Division Meetings
Thursday, March 25, 2010 <input type="checkbox"/> ISMA Section <input type="checkbox"/> Mind/Body Medicine Section
Friday, March 26, 2010 <input type="checkbox"/> Applied Respiratory Psychophysiology Section <input type="checkbox"/> Education Section <input type="checkbox"/> International Section <input type="checkbox"/> Allied Health Professionals Section <input type="checkbox"/> Optimal Functioning Section <input type="checkbox"/> Neurofeedback Division
Saturday, March 27, 2010 <input type="checkbox"/> sEMG/SESNA Division <input type="checkbox"/> Performing Arts Psychophysiology Section

Workshops <small>Planning to proctor? Please visit www.aapb.org for more information. Please indicate which workshops you intend to pay for:</small>				
Wednesday, March 24, 2010	Member Before 2/19/10	Non-Member Before 2/19/10	Member After 2/19/10	Non-Member After 2/19/10
WS01 8:00am – 5:00pm	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
WS02 8:00am – 5:00pm	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
WS03 8:00am – 5:00pm	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
WS04 8:00am – 12:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS05 8:00am – 12:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS06 8:00am – 12:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS07 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS08 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS09 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS10 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205
Thursday, March 25, 2010	Member Before 2/19/10	Non-Member Before 2/19/10	Member After 2/19/10	Non-Member After 2/19/10
WS10 8:00am – 5:00pm	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
WS11 8:00am – 5:00pm	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
WS12 8:00am – 12:00pm	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
WS13 8:00am – 12:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS14 8:00am – 12:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS15 8:00am – 12:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS16 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS17 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS18 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
WS19 1:00pm – 5:00pm	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185
<i>Full-Time Students may take a 50% discount for full and half day workshops.</i>				Workshop Total: \$ _____

Join AAPB
<input type="checkbox"/> Regular Member \$180
<input type="checkbox"/> Student Member \$65
Membership Total: \$ _____

Please indicate your intent to attend:

Please visit www.aapb.org for more details and event times.

Thursday, March 25, 2010	Friday, March 26, 2010	Saturday, March 27, 2010
<input type="checkbox"/> GEN01 - Vilayanur S. Ramachandran, MD, PhD <input type="checkbox"/> RECOOPEN - Opening Reception <input type="checkbox"/> STUPIZZA - Student Pizza Party	<input type="checkbox"/> SC01 - Cranial Electrotherapy Stimulation for Depression, Anxiety & Insomnia <input type="checkbox"/> SC02 - Synergistic High Gamma for Exceptional Performance Training <input type="checkbox"/> SC03 - Learning Fundamentals for Biofeedback Training <input type="checkbox"/> CUS1 - Clinical Updates Series – Session 1 <input type="checkbox"/> OPENCER - Opening Welcome & President's Address <input type="checkbox"/> GEN02 - Tores Theorell, MD, PhD <input type="checkbox"/> GEN03 - C. Norman Shealy, MD, PhD <input type="checkbox"/> STURND - Student Roundtable & Brown Bag Lunch <input type="checkbox"/> LUNED - Meet the Editor Lunch <input type="checkbox"/> SYM01 - New Directions in Neurofeedback for Students with Autistic Spectrum Disorder <input type="checkbox"/> SYM02 - Phenotype Model Updated <input type="checkbox"/> INV01 - The Simultaneous Use of Opioids and Bioelectric Treatments for Pain Management <input type="checkbox"/> INV02 A State of the Arts Review on Selected Electrical Stimulation <input type="checkbox"/> CUS2 - Clinical Updates Series – Session 2 <input type="checkbox"/> CON - David Keyser <input type="checkbox"/> CON - Ute Strehl <input type="checkbox"/> ORAL1 - Oral Presentations Session 1 <input type="checkbox"/> ORAL2 - Oral Presentations Session 2 <input type="checkbox"/> CUS3 - Clinical Updates Series – Session 3 <input type="checkbox"/> SYM03 - Virtual Reality and Psychophysiology <input type="checkbox"/> SYM04 - New Frontiers in Gaming, Part I <input type="checkbox"/> BCIA1 - BCIA Ethics Presentation <input type="checkbox"/> POST - Poster Session <input type="checkbox"/> BCIA2 - BCIA Certification Test	<input type="checkbox"/> SC04 - Mind–Body Links and PsychoNeuroimmunology <input type="checkbox"/> SC05 - Transcranial DC Stimulation and Slow Cortical Potentials: The Underlying Systems And Mechanisms <input type="checkbox"/> CUS4 - Clinical Updates Series – Session 4 <input type="checkbox"/> DIST - Distinguished Scientist Presentation <input type="checkbox"/> GEN04 - Paul Rapp, PhD <input type="checkbox"/> STURND - Student Roundtable & Brown Bag Lunch <input type="checkbox"/> BCIA3 - BCIA Certification 101 <input type="checkbox"/> BCIA4 - BCIA Recertification 101 <input type="checkbox"/> SYM05 - Polytrauma Clinical Triad <input type="checkbox"/> SYM06 - Portable Devices to Improve Care Access <input type="checkbox"/> INV03 - New Frontiers in Gaming, Part II <input type="checkbox"/> SYM07 - Integrating Applied Psychophysiology and Biofeedback with Psychotherapy <input type="checkbox"/> CUS5 - Clinical Updates Series – Session 5 <input type="checkbox"/> CON - Nicholas Giardino, PhD <input type="checkbox"/> CON - Evian Gordon, PhD <input type="checkbox"/> SYM08 - Stress and Stress Reduction in the Workplace <input type="checkbox"/> SYM09 - What's New in PTSD Treatment <input type="checkbox"/> SYM10 - Releasing the Stranglehold of Pain and Distress in Childhood and Adult Illness <input type="checkbox"/> ORAL3 - Oral Presentations Session 3 <input type="checkbox"/> BISTRO - Neil Miller Celebration & Claude Bernard Gathering

Room Sharing Plan

AAPB can assist interested members in identifying shared hotel lodging opportunities at the Town & Country Resort 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. Please make sure you have included your email address on this form.

Male
 Female
 Smoker
 Non-Smoker
 Check-in Date: _____
 Check-out Date: _____

Method of Payment:

Total Due: \$ _____ <input type="checkbox"/> Option 1: Total Enclosed <input type="checkbox"/> Option 2: Minimum \$200 deposit due now, balance to be paid by February 12, 2010. <input type="checkbox"/> Charge the remaining balance to the card listed below on February 12. <input type="checkbox"/> I will send an additional check. <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Card Number: _____ Expiration Date: _____ Amount to be charged: \$ _____ Name on Card: _____ Signature: _____	Notes Join AAPB now and use the member-rate registration fees! Full-Time Students may take a 50% discount for full and half day 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.	Cancellation Policy Cancellations received in writing by March 1, 2010 will be issued a refund less a \$50 processing fee. NO refunds will be granted after this date. Refunds are processed following the conference.
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Mail or fax this form with payment to:
 AAPB
 10200 West 44th Avenue, Suite 304
 Wheat Ridge, CO 80033

Phone: 800.477.8892
 Fax: 303.422.8894
 Questions? aapb@resourcenter.com