

20th

REGISTRATION FORM

Annual CHADD International Conference


November 12-15, 2008 • Anaheim Hilton • Anaheim, California



To register additional attendees, including spouse, please copy this form as necessary. Please print or type.

1. Participant Information

Mr. Mrs. Ms. Dr. First Name _____ MI _____ Last Name _____
 Degree and/or Title _____
 Company Name (if any) _____
 Mailing Address _____
 City _____ State/Province _____ ZIP/Postal Code _____ Country _____
 Phone Number _____ Evening Phone Number _____ Fax Number _____
 Email Address _____
 CHADD Membership Number _____ Membership Expiration Date _____

 Please check here if disability services are required, Attach a written description of your needs.

2. Please tell us your primary purpose for attending (Choose one only)

Parent/Caregiver Adult with AD/HD Spouse of adult with AD/HD Educator Nurse Social Worker
 Psychologist Physician Student Grandparent/Other family member Exhibitor Advocate/Attorney
 CHADD Community Leader Other _____

3. Please complete if you are a CHADD Community Leader:

CHADD Chapter Coordinator CHADD Branch Coordinator Satellite Facilitator
 Group Name _____ Group Number _____

4. How did you learn about this conference?

Member Attention! Magazine Web site Email Preliminary Program Referral Word of Mouth Other _____

5. Membership—Not a member of CHADD? Join today and save on conference registration fees!

See reverse side for membership fees. If joining now, add membership fee:

Membership Fees
\$ _____

6. GENERAL CONFERENCE REGISTRATION Friday and Saturday, Nov. 14-15

	Early Bird Postmarked by October 3	Postmarked by October 31	Postmarked After 10/31 & On-site	
A) Two-Day General Conference Registration Fees				
<input type="checkbox"/> CHADD Local Group Coordinator or Facilitator <i>(One reduced registration per compliant local group)</i>	\$100	\$120	\$150	\$ _____
<input type="checkbox"/> CHADD Family Member <i>(Current member or joining now)</i>	\$210	\$250	\$305	\$ _____
<input type="checkbox"/> CHADD Nonmember	\$280	\$320	\$400	\$ _____
<input type="checkbox"/> CHADD Member Educator (includes CE credit fees) <i>(Current member or joining now)</i>	\$260	\$310	\$365	\$ _____
<input type="checkbox"/> CHADD Nonmember Educator (includes CE credit fees)	\$330	\$395	\$465	\$ _____
<input type="checkbox"/> CHADD Member Professional (includes CE credit fees) <i>(Current member or joining now)</i>	\$315	\$365	\$420	\$ _____
<input type="checkbox"/> CHADD Nonmember Professional (includes CE credit fees)	\$445	\$500	\$565	\$ _____
<input type="checkbox"/> CHADD Student Member (must be a full-time student) <i>Please provide documentation of current semester hours</i>	\$145	\$190	\$230	\$ _____
<input type="checkbox"/> Teacher to Teacher Training Certification Program (Tuesday)	\$75	\$75	\$75	\$ _____
<input type="checkbox"/> One-Day Educator Seminar (member and nonmember)	\$170	\$170	\$190	\$ _____

(Please indicate which day you would like to attend: Friday, November 14 Saturday, November 15)

Register five or more educators by September 28, 2008, and receive one free registration. To receive the discount, please call in your registration at 800-233-4050.

OVER

B) Continuing Education Credits

You must register as a professional/educator to receive CE and CME credits.

Licensed in state of _____ Your License Number _____ Discipline (Profession) _____

7. Preconference Institutes

Fees for Wednesday and Thursday Conference Institutes are in addition to the general conference registration and include CEU and CME credits.

Wednesday, November 12

Afternoon Session (1:30 p.m. – 4:30 p.m.) Postmarked By 10/31 \$150 Postmarked After 10/31 and On-Site \$165 \$ _____

Choose One

- WB1 Social Skills: Aspergers, Autism and AD/HD
- WB2 Cognitive Behavioral Therapy for Adults with AD/HD
- WB3 Empowering Teens and College Students with AD/HD

Thursday, November 13

Choose One Morning Session (9:00 a.m. – 12:00 p.m.) Postmarked By 10/31 \$150 Postmarked After 10/31 and On-Site \$165 \$ _____

- TA1 Juvenile Justice & Mental Health Issues
- TA2 Promise, Proof and Practice
- TA3 Differential DX and TX: Complicated Cases
- TA4 AD/HD in Adults - What the Science Says
- TA5 Spark: Exercise
- TA6 Beyond Theory and Practice: Developing Your Own Coaching Voice
- TA7 Neuroimaging Studies of AD/HD

Choose One Afternoon Session (1:30 p.m. – 4:30 p.m.) Postmarked By 10/31 \$150 Postmarked After 10/31 and On-Site \$165 \$ _____

- TB1 Prevention/Intervention for Preschool Children with AD/HD
- TB2 Malleability of Intelligence
- TB3 Medication Update: What Makes Sense
- TB4 Executive Functions in Adults with AD/HD
- TB5 Collaborative Problem Solving: The Explosive Child
- TB6 Teaching Children How to Control Their Impulses and Actions
- TB7 Positive Behavioral Supports

8. These special functions are included in your registration, however, pre registration is required.

- Opening plenary on Thursday
- Exhibit Hall Grand Opening Reception on Thursday
- Lunch on Friday
- Networking by Track on Friday evening
- Sweet Tooth Friday
- Leadership training
- Session TB8

I would like to purchase the following Disneyland tickets:

Twilight Special # _____ **all ages** @ \$39.50 = \$ _____
One-Day Tickets # _____ **adult** @ \$61.00 = \$ _____
 # _____ **children (3-9)** @ \$51.00 = \$ _____

Total Amount for Disneyland tickets: \$ _____

9. Total Fees \$ _____

10. Method of Payment – Make all checks, money orders and signed purchase orders payable to CHADD in U.S. dollars.

- Check/Money order Visa MasterCard Discover Amex Purchase Order (please include)

Name on Card _____ Card Number _____ Expiration Date _____

Signature _____

11. Four ways to make registering easy for you

- Mail this form along with payment to: CHADD, Conference Registration, 8181 Professional Place, Suite 150, Landover, MD 20785
- Fax your completed form with your credit card information to: 301-306-7090 or 301-306-7091.
- Phone 301-306-7070. Be prepared to give your credit card number.
- Internet: Go to <http://www.chadd.org>, complete the form and submit electronically with your credit card number on our secure site.

CANCELLATION POLICY

Cancellations must be received in writing and must be postmarked by October 13, 2008, to qualify for a refund. A \$50 administrative fee will be deducted from the total registration fee. Substitutes are always welcomed and no-shows will be billed. You may transfer your registration fee, minus the \$50 cancellation fee, to another individual by mailing or faxing a written request stating the person's name and address. CHADD will contact you both should additional fees apply to the new registrant. All transfers must be postmarked by October 13, 2008. All refunds will be processed after the conference.

CHADD Membership Fees

Regular Membership

- \$45 Individual/Family
- \$45 Educator
- \$35 Student
- \$100 International Individual/Family
- \$100 International Educator
- \$75 International Student
- I would like to donate a \$45 membership for someone less fortunate.

***Professional Membership**

- \$110 Professional Member
- \$190 International Professional Member

***Organizational Membership**

- \$300 Organizational Member
- \$425 International Organizational Member

*** Membership includes a listing in CHADD's Online Directory of Professionals, Products & Services**