

CCBD Conference Registration Form

Preregistration Postmark Deadline: September 17, 2007

Save time and money by registering by September 17, 2007. Preregistrations received after this date will not be accepted. On-site registration will be available at 10:00 a.m. on October 4, 2007 in the conference registration area of the Westin Hotel. Written requests for refunds will be honored only until August 30, 2007 and will be subject to a 25% handling fee. No requests for refunds will be honored after August 30, 2007. To register, check all the conference options you wish, and complete the information requested. Make checks, money orders, or purchase orders payable to **CCBD Conference**.

Mail registration and payment to: CCBD Conference, University of North Texas, P. O. Box 310860, Denton, TX 76203-0860. Please remit in U.S.A. dollars ONLY. (0) 940-565-3583; FAX: 940-565-4055; CCBD Federal Tax #: 54-1777499.

Print clearly or type:

Name: _____
 Address: _____
 City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____
 Phone Number: (O) _____ (H) _____ FAX: _____
 Office E-Mail: _____ Home E-Mail: _____

Conference Fees	Preregistration (Must be received by 9/17/07)	On-Site (after 9/17/07)
<small>(Registration fee includes Thursday evening reception; Friday/Saturday morning breakfast breads, coffee & hot tea; Friday/Saturday luncheons.)</small>		
Registration Fee: CEC/CCBD (regular membership)	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$360.00
<small>(Required: Provide membership # _____ Exp: _____)</small>		
Registration Fee: Regular Non-Member	<input type="checkbox"/> \$360.00	<input type="checkbox"/> \$395.00
Registration Fee: CEC/CCBD (student membership)*	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$235.00
<small>*Provide CEC/CCBD student membership # (required) _____ Exp: _____</small>		
<small>*Faculty Advisor Signature (required): _____</small>		
<small>*Enclose copy of CEC/CCBD Student Membership Card (required)</small>		
Total Conference Registration Fee:		\$ _____
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Other Options:		
Mini-Library Series on E/BD - CD - New Release-Conference Price \$20.00 each Qty: _____ \$ _____		
CCBD Continuing Education Units		
.1 to 1.6 CCBD CEU's available - see fees below # CEU's desired: _____ = \$ _____		
<small>.1 = \$4.00; .2 = \$8.00; .3 = \$12.00; .4 = \$16.00; .5 = \$20.00; .6 = \$24.00; .7 = \$28.00; .8 = \$32.00; .9 = \$36.00; 1.0 = \$40.00; 1.1 = \$44.00; 1.2 = \$48.00; 1.3 = \$52.00; 1.4 = \$56.00; 1.5 = \$60.00; 1.6 = \$64.00</small>		
Total of all Other Options Fees:		\$ _____
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Totals:	Total Conference Registration Fee	\$ _____
	Total Other Options (Mini-Library CD & CEU's)	\$ _____ <input type="checkbox"/> Check here if a vegetarian lunch is needed
	Total Payment	\$ _____

Method of Payment: Cash Check/Money Order Purchase Order Credit Card (see below)
 Visa Master Card Discover American Express

Credit Card #: _____ Exp.: Month _____ Year _____

CVV** #: _____

**Credit Card Verification Number (CVV). You are required to enter the 3- or 4-digit CVV. The CVV number is a 3-digit number in italics on the back of a Visa, MasterCard, or Discover Card. American Express cards feature a 4-digit number on the front, just above the credit card number.

Print name as it appears on credit card: _____

Credit Card Billing Address: _____

City, State, Zip _____

Signature _____

Note: If you have a disability and will need special accommodations, please inform us prior to the conference. Please attach special requirements to your preregistration form.