IPA 2023 CONVENTION REGISTRATION FORM

Name:			Highest Degree:	
Organization/Affiliati	ion:			
Address:		Phone:	Phone:	
City:		State:	State: Zip Code:	
Email Address				
CIRCLE REGISTRA	FION CHOICES	EARLY BIRD Received by: September 23rd	Registration Received by: October 12th	After October 12, or On-site
THURSDAY and Fr			44.0	40.10
		\$300		\$360
Non-Members		\$350	\$380	\$400
Friday) THURSDAY WORK		Student Member Special: Thui des Lunch)		
		\$165	\$185	\$195
		\$185	\$205	
Non-Student Member	rs:	\$45	\$55	\$65
FRIDAY PROGRAM		<i>Lunch</i>) \$175	\$190	\$200
		\$195	T - 2 -	\$225
		cluded*)\$35/*\$50	·	\$55/*65
			Total Conference	Fees:
☐ I prefer a vege	etarian lunch on Fr	iday [I am a new IPA membe	er (joined after 1/1/2023)
		ip Code:		
Name on Card:				
Signature:				
		the number of each program ting room size. Refer to program		
Thursday: A.M.		3 🗆 4 🗆 5 🗆 6		
Thursday: P.M	□ 7 □ 8 □ 9		1 13 🗆 14 🗆 15	
Friday: A.M.	□ 16 □ 17 □ 1	8 🗖 19		
Friday: P.M.	□ 20 □ 21 □ :	22 🗆 23 🗆 24		

If paying by check, make check payable to: *Illinois Psychological Association Convention* and mail with this form to:
Marsha Karey C/O Illinois Psychological Association
1513 Madison Court North, Buffalo Grove, IL - Phone: 312/372-7610 x 201