



**2011 ANNUAL CONFERENCE REGISTRATION FORM**

**EGPS ANNUAL CONFERENCE  
P.O. BOX 20686, HUNTINGTON STATION, NY 11746-0861**

(631) 385-0763 ■ fax (631) 385-3123 ■ email: EGPS@optonline.net ■ website: www.egps.org

**Please circle all that apply:**      EGPS Member                  Non Member                  1st Time Attendee

**PLEASE PRINT CLEARLY**

Name & Degree \_\_\_\_\_

Nickname for Badge \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone:(Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

If you are not a member of EGPS how did you hear about the Conference? \_\_\_\_\_

**A. FEE SCHEDULE for Friday and Saturday Institutes, Workshops, and Panels. Please circle payment amount.**

	Before November 7th <u>One Day / Two Days</u>	After November 7th and On-Site <u>One Day / Two Days</u>
EGPS Members	\$175 / \$275	\$225 / \$325
Non-Members	\$225 / \$375	\$275 / \$425
Graduate Students & Residents*	\$115 / \$190	\$135 / \$210

\*To qualify for this rate, registration must be accompanied by a current bursar's receipt or letter showing full-time enrollment in a graduate degree program. Conference scholarships are available for full-time students who volunteer to assist with Conference activities. For information, call (631) 385-0763.

**B. INSTITUTE AND WORKSHOP SELECTIONS – Please list your selections by number and indicate an alternate choice. Assignments are made in order of receipt and no selections are guaranteed.**

- "A" Session Friday                  1st \_\_\_\_\_                  2nd \_\_\_\_\_
- "B" Session Friday                  1st \_\_\_\_\_                  2nd \_\_\_\_\_
- "C" Session Saturday              1st \_\_\_\_\_                  2nd \_\_\_\_\_
- "D" Session Saturday              1st \_\_\_\_\_                  2nd \_\_\_\_\_

Cancellation Policy: Cancellations received prior to November 11, 2011 will be assessed a fee of \$50; there will be no refund on cancellations received after November 11, 2011.

GROUP RATES – Discounted rates are available to agencies and institutions that register 3 or more registrants prior to November 7, 2011. Registrations must be received together accompanied by a letter from the agency listing those attending. For futher information call 631-385-0763.

I would like to make a contribution to the EGPS Conference Scholarship Fund in the amount of \$ \_\_\_\_\_

**PAYMENT – Make checks payable to EGPS. EGPS accepts VISA, MasterCard or American Express.**

Total Amount \$ \_\_\_\_\_       Check enclosed       Pre-Paid Faculty

Please charge my       VISA                   MasterCard                   American Express Card

# \_\_\_\_\_

Expiration \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Billing address if different from above (MUST include zip code) \_\_\_\_\_

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