

21ST ANNUAL CHADD INTERNATIONAL CONFERENCE REGISTRATION FORM

General Conference October 9-10, Pre Conference Institutes October 7-8 2009 • Cleveland Convention Center • Cleveland Ohio

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

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 _____
 Check this box for a spouse registration Spouse Name _____
 Please check here if disability services are required. Attach a written description of your needs.

Please tell us your profession

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 _____

Please complete if you are a CHADD Community Leader:

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

How did you learn about this conference?

Attention! Magazine Website Email Preliminary Program CHADD Chapter/Support Meeting Other _____

Please send me an exhibitor packet.

Deadline for purchasing exhibit space is July 10, 2009 to assure listing in the Program Book.

Is this the first time you are attending a CHADD Annual International Conference?

Yes No

Membership—Not a member of CHADD?

Join today and save on conference registration fees! See reverse side for membership fees and benefits

If joining now, add membership fee:

\$ _____

GENERAL CONFERENCE REGISTRATION—Fri. & Sat. Oct. 9 & 10

Friday and Saturday, October 9 & 10	Postmarked by Sept. 1	Postmarked by Sept. 26	Postmarked After Sept. 26 & On-site	
Two-Day General Conference Registration Fees				
<input type="checkbox"/> CHADD Local Group Coordinator or Facilitator (One reduced registration per compliant local group)	\$ 100	\$ 120	\$ 150	\$ _____
<input type="checkbox"/> Family CHADD Member (current member or joining now)	\$ 205	\$ 245	\$ 300	\$ _____
<input type="checkbox"/> CHADD Nonmember DISCOUNT!	\$ 215	\$ 255	\$ 310	\$ _____
<input type="checkbox"/> Member Educator—includes CEU credit fees (current member or joining now)	\$ 260	\$ 310	\$ 365	\$ _____
<input type="checkbox"/> CHADD Nonmember Educator—includes CEU credits fees	\$ 330	\$ 395	\$ 465	\$ _____
<input type="checkbox"/> CHADD Member Professional—includes CE and CME credit fees (current member or joining now)	\$ 315	\$ 365	\$ 420	\$ _____
<input type="checkbox"/> CHADD Nonmember Professional—includes CE and CME credit fees	\$ 445	\$ 500	\$ 565	\$ _____
<input type="checkbox"/> CHADD Student Member—must be a full-time student (Please provide documentation of current semester hours)	\$ 145	\$ 190	\$ 230	\$ _____
<input type="checkbox"/> One Day (Friday October 9)	\$ 200	\$ 225	\$ 250	\$ _____
<input type="checkbox"/> One Day (Saturday October 10)	\$ 200	\$ 225	\$ 250	\$ _____
<input type="checkbox"/> Co-Speaker	\$ 210	\$ 210	\$ 210	\$ _____

Educator Special Group Rate: Register five or more educators by September 1, 2009 and receive one free registration. To receive the discount, please call in your registration at 800-233-4050.

Continuing Education Credits

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

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

PRE CONFERENCE INSTITUTES

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

Wednesday, October 7 • Afternoon Session (1:30 p.m.–4:30 p.m.)	Postmarked by Sept. 26	Postmarked After Sept. 26 & On-site	
CHOOSE ONE INSTITUTE:			
<input type="checkbox"/> WB1 Integrating Clinical and Neuroscience Research • Margaret Semrud Clikeman, Ph.D.	\$ 125	\$ 150	\$ _____
<input type="checkbox"/> WB2 Evaluation of Health-Care Costs and Social Interactions in Attention-Deficit Hyperactivity Disorder Patients With and Without Oppositional Symptoms • Mike Manos, Ph.D., Director of Pediatric Center, Cleveland Clinic			
<input type="checkbox"/> WB3 Discover the Power of Coaching for College Students with ADHD • Jodi Sleeper-Triplett, MCC			

(Continued)

REGISTRATION FORM CONTINUED

PRE CONFERENCE INSTITUTES, Continued

Thursday, October 8 • Morning Session (9:00 a.m.–12:00 p.m.)	Postmarked by Sept. 26	Postmarked After Sept. 26 & On-site	
CHOOSE ONE INSTITUTE:	\$ 125	\$ 150	\$ _____
<input type="checkbox"/> TA1 Providing Good AD/HD Care for Culturally Diverse Families • <i>Regina Bussing, M.D. Faye Gary, Ricardo Eiraldi, Ph.D.</i>			
<input type="checkbox"/> TA2 Executive Functions • <i>Geraldine Dawson</i>			
<input type="checkbox"/> TA3 New Directions in AD/HD and Autism: Assessment and Treatment • <i>Sam Goldstein, Ph.D.</i>			
<input type="checkbox"/> TA4 Advanced Psychopharmacology: Translating Research into Clinical Practice • <i>Jeff Newcorn, M.D.</i>			
<input type="checkbox"/> TA5 Updates on Treating ADHD: Revisiting Combined Behavioral and Medical Treatment • <i>Kristina Raleigh, Don Caserta</i>			
<input type="checkbox"/> TA6 Coaching In and Out of the Box • <i>Nancy Ratey, Ed.M., MCC</i>			
<input type="checkbox"/> TA7 Relationships: How to Succeed in Marriage with AD/HD • <i>Arthur Robin, Ph.D., Gina Pera, B.S.</i>			

Thursday, October 8 • Afternoon Session (1:30 p.m.–4:30 p.m.)	Postmarked by Sept. 26	Postmarked After Sept. 26 & On-site	
CHOOSE ONE INSTITUTE:	\$ 125	\$ 150	\$ _____
<input type="checkbox"/> TB1 Bipolar Disorder and AD/HD • <i>Gabrielle A. Carlson, M.D.</i>			
<input type="checkbox"/> TB2 Panel of Masterful Coaches: Striking a Delicate Balance • <i>Alan Graham, Ph.D. Facilitator; Russell Colver, SPCC, SCAC; Dan Pruitt, Nancy Ratey, B.S., MCC, Jodi Sleeper-Triplett, MCC</i>			
<input type="checkbox"/> TB3 Promoting Evidence-Based AD/HD Care in Primary Settings • <i>Jeff Epstein, M.D.</i>			
<input type="checkbox"/> TB4 Learner Characteristics, Teaching Effectiveness and Innovative Strategies • <i>Mark Katz, Ph.D.</i>			
<input type="checkbox"/> TB5 Diagnosis and Treatment of Complex Cases and Comorbidities • <i>Peter Jensen, M.D.</i>			
<input type="checkbox"/> TB6 Staying in Touch with AD/HD: A MEG Investigation of Sensorimotor Processing in AD/HD • <i>Rosemary Tannock, Ph.D.</i>			
<input type="checkbox"/> TB7 Colliding Crisis: Managing AD/HD on a Global Economic Crisis • FREE • TBA			

Special Functions

You must register to attend

<input type="checkbox"/> I will attend the opening plenary on Thursday	COMPLIMENTARY
<input type="checkbox"/> I will attend the Exhibit Hall Grand Opening Reception on Thursday	COMPLIMENTARY
<input type="checkbox"/> I will attend the Networking by Track on Friday evening. Please indicate Track: _____	COMPLIMENTARY
<input type="checkbox"/> I will attend lunch on Friday	COMPLIMENTARY
<input type="checkbox"/> I will participate in the Rock and Roll Hall of Fame Tour on Sunday, October 11—10:00AM–5:30 PM	
<input type="checkbox"/> \$12.00 per person (Guests ages 9 through 18)	\$ _____
<input type="checkbox"/> \$19.00 per person (Guests ages 19 through 64)	\$ _____
<input type="checkbox"/> \$15.00 per person (Guest ages 65 and Over)	\$ _____

Total Fees

\$ _____

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 _____

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; toll free 800-233-4050. 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 September 12, 2009 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 September 12, 2009. 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

