

**APPLICATION FOR APA CONVENTION REGISTRATION GRANT
for International Psychologists and Psychology Students**

**For attending the APA Convention, Orlando, FL, August 2-5, 2012
APPLICATION DEADLINE JUNE 1, 2012**

This award is to cover APA Convention Registration Fees for psychologists and psychology students living outside the USA and Canada. Priority is given to applicants who:

- are from a developing or low income country
- have submitted a conference presentation
- are an APA International Affiliate, Member, or APAGS member living outside the US and Canada
- have not attended an APA convention in the last two years

PLEASE TYPE OR PRINT CLEARLY

Name																	
Country of Residence																	
Highest Degree Earned (BA, MA, PhD or specify)																	
Degree Granting Institution:																	
Year of Degree																	
Current Institution/Affiliation																	
Mailing Address:																	
E-mail:																	
Program Participation (check all that apply); Indicate authorship level in space after program type (e.g., 1 st , 2 nd , 3 rd , etc):	<table border="0"> <tr> <td>TYPE OF PRESENTATION</td> <td>AUTHORSHIP</td> </tr> <tr> <td><input type="checkbox"/> Symposium participant</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Oral Paper</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Poster Symposium</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Poster</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Session Organizer / Chair</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other (Specify)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> No Formal Participation</td> <td>_____</td> </tr> </table>	TYPE OF PRESENTATION	AUTHORSHIP	<input type="checkbox"/> Symposium participant	_____	<input type="checkbox"/> Oral Paper	_____	<input type="checkbox"/> Poster Symposium	_____	<input type="checkbox"/> Poster	_____	<input type="checkbox"/> Session Organizer / Chair	_____	<input type="checkbox"/> Other (Specify)	_____	<input type="checkbox"/> No Formal Participation	_____
TYPE OF PRESENTATION	AUTHORSHIP																
<input type="checkbox"/> Symposium participant	_____																
<input type="checkbox"/> Oral Paper	_____																
<input type="checkbox"/> Poster Symposium	_____																
<input type="checkbox"/> Poster	_____																
<input type="checkbox"/> Session Organizer / Chair	_____																
<input type="checkbox"/> Other (Specify)	_____																
<input type="checkbox"/> No Formal Participation	_____																
Division to which you submitted your proposal																	
APA affiliate / member /APAGS number																	
Have you attended any APA Convention?	_____ No _____ Yes (specify meeting year and location)																

SUPPORTING MATERIALS:

- _____ Please attach your convention submission
- _____ Please attach notification of your participation
- _____ Please attach a letter from your work or academic institution indicating support for your attending the Convention and indicating funds available to you for travel

AGREEMENT BETWEEN APA AND APPLICANT

___ I agree to submit to APA a written report on my participation and observations at the APA Convention within three months.

___ I certify that the statements I have made in this application are true.

Signature: _____ Date: _____
(if submitted electronically please type in full name in lieu of signature)

APPLICATION DEADLINE IS JUNE 1, 2012.

Electronic submission:
international@apa.org with INTERNATIONAL APA CONVENTION REGISTRATION AWARD in the subject line

Mail submissions to:
OFFICE OF INTERNATIONAL AFFAIRS/APA CONVENTION REGISTRATION AWARD
AMERICAN PSYCHOLOGICAL ASSOCIATION
750 FIRST STREET, NE
WASHINGTON, DC 20002-4242