

**APPLICATION FOR APA CONVENTION REGISTRATION  
AWARD for International Affiliates/ Members**

**For attending the APA Convention, Toronto, Canada, August 2009  
APPLICATION DEADLINE JUNE 1, 2009**

*This award is to cover APA Convention Registration Fees for International Affiliates and Members*

*PLEASE TYPE OR PRINT CLEARLY*

Name																	
APA Affiliate Number																	
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 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc):	<table border="0"> <tr> <td><b>TYPE OF PRESENTATION</b></td> <td><b>AUTHORSHIP</b></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>	<b>TYPE OF PRESENTATION</b>	<b>AUTHORSHIP</b>	<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	_____
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Division to which you submitted your proposal																	
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.

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, 2009.**

**Submit to:**

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

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