

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

**For attending the APA Convention, San Diego, August 2010  
APPLICATION DEADLINE JUNE 1, 2010**

*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<br>(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> <thead> <tr> <th>TYPE OF PRESENTATION</th> <th>AUTHORSHIP</th> </tr> </thead> <tbody> <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> </tbody> </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  |  |                      |            |  |       |                                     |       |   |       |                                 |       |  |       |  |       |  |       |
| Have you attended any APA Convention?  | _____ No<br>_____ 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, 2010.**

**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**