

## Registration Form

Complete this Registration Form and mail with payment to:

American Psychological Association  
Work, Stress, and Health Registration  
Attn.: Wesley B. Baker  
750 First Street, NE, Washington, DC 20002-4242

Tel.: (202) 336-6033  
Fax: (202) 336-6117

Please type or print your full name and institution as it will appear on your badge (*include degree*):

Dr  Prof  Mr  Ms  Mrs \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Summary of fees—Please note: Payment Must Be Made in U.S. Funds.

|                             | Before 2/16/06         | After 2/16/06          | Workshop# | Amount |
|-----------------------------|------------------------|------------------------|-----------|--------|
| Each 3-hour-workshop fee    | \$100                  | \$125                  | _____     | _____  |
| Each 6-/7-hour workshop fee | \$175                  | \$200                  | _____     | _____  |
| Registration fee            | \$330                  | \$375                  |           | _____  |
| Student registration fee    | \$175                  | \$225                  |           | _____  |
| One-day fee                 | \$250 (____/____/____) | \$250 (____/____/____) |           | _____  |
| Lady Windridge Yacht Cruise | \$70                   |                        |           | _____  |

**TOTAL:** \_\_\_\_\_

**Form of Payment**  Check  Visa  MasterCard  American Express

Purchase Order # \_\_\_\_\_

*(Make checks payable to the American Psychological Association.)*

### Credit Card Payment Authorization Form

*(Please print.)*

I authorize APA to charge registration fees for the Work, Stress, and Health Conference to my credit card.

Cardholder name: \_\_\_\_\_

*(as it appears on credit card)*

American Express  MasterCard  Visa Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

Credit card \_\_\_\_\_

Billing address \_\_\_\_\_

Daytime telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_