

43rd Annual Convention | NYC

ABCT • November 19–22, 2009 • Marriott Marquis Hotel

FOR OFFICE USE ONLY

Member Student Member Exhibitor
Nonmember Student Nonmember Comp

- Pre-register by **October 16, 2009**
- If paying by credit card (Visa, MasterCard, or American Express) register on-line at www.abct.org or by fax (**212-647-1865**)
- If paying by check, mail to:
ABCT, 305 Seventh Avenue, New York, NY 10001-6008

→ **ABCT Member ID:** _____ **Day Phone:** _____

→ Badge Information

First Name	Last Name
Institution	Highest Degree

Here's how it works:

Pre-Convention events (see **B–E** below) take place on Wed. and Thurs. and are TICKETED sessions.

Workshops and Master Clinician Seminars (**F & G** below) are also ticketed sessions, but they take place Friday through Sunday, during the Convention proper.

General Registration gives you access to all of the Symposia, Clinical Round Tables, Posters, Panel Discussions, Special Sessions, Invited Addresses, and SIG meetings that you can possibly attend Friday through Sunday. These sessions do not require tickets as they are covered under the general registration fee. If you want to attend the General Convention only, fill in area **A** on the reverse. If you want General Convention Registration as well as some ticketed sessions and any pre-convention (Thurs.) sessions, mark your choices below and complete the registration form on the reverse. Or: register on-line at www.abct.org.

→ Mailing Information

Email Address: _____

Department or Program _____

Institution _____

Address _____

City _____ State/ Province _____ Zip Code _____

Check here if you require special accessibility or accommodations. Please email any special requirements to convention@abct.org:

Pre-Convention Activities

PLEASE CHECK DESIRED SESSIONS

B Clinical Intervention Trainings

- CIT 1:** ACT (Hayes; 1 day—Wednesday only)
- CIT 1:** ACT (Hayes; 2 days)
- CIT 2:** DBT (Linehan & Korslund)

C AMASS

- AMASS 1** (Thursday): Randomized Clinical Trials (Nezu)
- AMASS 2** (Sunday): Count Regression and Zero-Inflated Models (Atkins & Gallop)

D Institute (full day)

- Ins 1:** Anger (DiGiuseppe)
- Ins 2:** Bipolar Disorder (Youngstrom)

E Institutes (5 hours)

- Ins 3:** Trichotillomania (Franklin & Woods)
- Ins 4:** DBT with Families (Fruzzetti & Compton)
- Ins 5:** ACT with GAD (Orsillo & Roemer)
- Ins 6:** CPT for PTSD (Resick & Monson)
- Ins 7:** MBCT for Depression (Segal & Lau)
- Ins 8:** FAP (Tsai & Kohlenberg)

PLEASE INDICATE NUMBER OF YOUR FIRST AND SECOND CHOICES HERE:

1st choice: Ins _____

2nd choice: Ins _____

tickets

Institute & AMASS tickets will be enclosed in your registration packet.

PRECONVENTION REGISTRATION PACKET PICK-UP OPENS AT 11:00 A.M., THURSDAY

Convention

F Workshops

Please indicate the workshop numbers (i.e., Workshop 4) for those you wish to attend. Also note the total number of tickets desired and use that number on the reverse. Because workshops fill early, PLEASE list alternative choices.

tickets

Workshop & Master Clinician Seminar tickets will be enclosed in your registration packet, which will be distributed on-site.

G Master Clinician Seminars

Please indicate the number of the Master Clinician Seminar you wish to attend. Also note the total number of MCS tickets desired and use that number on the reverse.

WORKSHOPS	Day	Time	1st Choice	2nd Choice
	FRIDAY	AM		
		PM		
	SATURDAY	AM		
PM				

TOTAL TICKETS _____

MCS	1st Choice	2nd Choice	3rd Choice	4th Choice

TOTAL TICKETS _____

Specialty (please check one) Psychology Addictions Counselor
 Counselor Social Work School/Education Psychiatry
 Primary Care Marriage & Family Therapist
 Other _____
Level (Please check one) Professional Student

- Preregistration is strongly advised.
- No refunds will be made after the October 16, 2009, deadline
- Student rates are for full-time students, residents, or interns: please send ID to verify your status as a student.

Register

	* ABCT Member	Non-Member	* ABCT Student Member	Student Non-Member	* Post-Baccalaureate Professional Member	Number of Tickets	Total
A Pre-Registration Received by October 16, 2009	\$260	\$505	\$90	\$155	\$130		
Current Registration On-Site	\$310	\$555	\$115	\$180	\$155		
B Clinical Intervention Training							
2-DAY CIT	\$300	\$380	\$220	\$240	\$230		
1-DAY CIT	\$150	\$190	\$110	\$120	\$115		
C AMASS 1 or 2 (indicate choices on reverse)	\$110	\$135	\$110	\$135	\$125		
D Full-Day Institute	\$150	\$190	\$110	\$120	\$115		
E 5-Hour Institutes (indicate choices on reverse)	\$105	\$150	\$90	\$100	\$95		
F Workshops (indicate choices on reverse)	\$55	\$80	\$50	\$55	\$50		
G Master Clinician Seminars (indicate choices on reverse)	\$65	\$85	\$50	\$85	\$60		
CE Credits (please check appropriate organization) <input type="checkbox"/> Psychology-APA <input type="checkbox"/> Social Work <input type="checkbox"/> Counselor-NADAAC <input type="checkbox"/> California-MFT	\$89	\$89					

* **ABCT Members, Student Members, and Post-Baccalaureate Professional Members:**
Please remember that the ABCT membership year is November 1 to October 31. As the Convention takes place in November, please pay your 2010 dues before registering.

Total Fees

Visa MasterCard American Express	
Name on Card _____	
Card Number _____	Expiration Date _____
Signature _____	