

REGISTRATION FORM
Bethesda Double Tree Hotel
8120 Wisconsin Avenue
Phone: 301-652-2000
Fax 301-652-3806

The room rate is \$119.00 for a single or a double. Space is limited at the conference venue so book upon receipt of this form. You must book by August 31st 2006 to get the conference rate .

Name _____
(Please print your name the way you want it to appear on your nametag.)

Address _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Email _____

Telephone _____ Fax _____

ICSPP CONFERENCE FEE SCHEDULE

The advanced registration fee for the three-day conference is \$275 for non-members and \$250 for ICSPP members.

Any non-members joining ICSPP simultaneously with registration for the conference will be given the member rate for the conference.

MEMBERS NOT CURRENT WITH THEIR 2006 DUES WILL RECEIVE THE NON-MEMBER REGISTRATION FEE!

Non-invited accepted speakers must register.

ICSPP MEMBER BEFORE JULY 31	\$250.00	_____
ICSPP MEMBER AUGUST JULY 31	\$300.00	_____
NON-MEMBER AUGUST JULY 31	\$275.00	_____
NON-MEMBER AFTER JULY 31	\$325.00	_____
ICSPP 2007 MEMBERSHIP	\$100.00	_____
STUDENT with copy of current ID	\$150.00	_____
Gala Saturday Awards Banquet	\$50.00	_____

TOTAL ENCLOSED _____

Write checks payable to: ICSPP or pay by credit card.

Mail your registration form with payment to:

Crisilda L. Rucci
The Parent Academy.Com
124 Hidden Drive
Blackwood, NJ 08012

Phone: 856-784-0647

Name _____
(as it appears on the credit card)

Card Number: _____

Expiration Date: _____

Signature: _____