

# Registration Form

ADPCA 2017 - July 19-23 - Chicago

To guarantee on-campus housing, please submit your registration by June 1, 2015.

To help the conference organizers plan the conference, please submit your registration as soon as possible! Thank you!

## Contact Information

Name: \_\_\_\_\_

Affiliation - if needed: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Mailing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Zip: \_\_\_\_\_

## Conference Registration

Category	Cost
<input type="checkbox"/> Full Conference	\$300
<input type="checkbox"/> Full Conference Early (Before April 1)	\$250
<input type="checkbox"/> Student Full Conference	\$125
<input type="checkbox"/> Single day ____ (1, 2, 3 days)	\$100

**Total Registration Cost:** \$ \_\_\_\_\_

Attending to the Pre-Conference Workshop:  Yes  No

I would like to donate to the scholarship fund so more people can enjoy our conferences. I understand that ANY amount helps.

\$ \_\_\_\_\_

Thank you!

**Housing**

	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
	July 18	July 19	July 20	July 21	July 22	
Single: \$41/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
Double: \$32/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____

I would like to stay extra days

	Sunday	Monday	Sunday	Monday	Total
	July 16	July 17	July 23	July 24	
Single: \$41/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
Double: \$32/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____

I would like to be placed in a room with: \_\_\_\_\_

Please note: four dorm rooms share one large bathroom, regardless of occupancy

I would like to use the Sports Center      Yes       No

    If yes, number of days (\$15/day) \_\_\_\_\_ \$\_\_\_\_\_

I would like to purchase 1 week parking (\$62) / week \$\_\_\_\_\_

**Total = Registration + Scholarship Contribution + Housing + Sports Center  
+ Parking** \$\_\_\_\_\_

**Payment:**

- **PayPal**.com to [adpca2017@gmail.com](mailto:adpca2017@gmail.com)
- **Check** written to: adpca2017. Mail check to:  
adpca2017  
c/o Chicago Counseling Associates  
1000 W. Diversey Pkwy, Suite 275,  
Chicago, IL 60614

Any money being sent from outside the USA should be sent through PayPal. If you live in the US, please pay by check.

Please email this form to [adpca2017@gmail.com](mailto:adpca2017@gmail.com) or mail it to adpca2017 to the address above.