

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!

Personal 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 (through May 31)	\$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
- **Check** written to: adpca2017. Mail check to:
adpca2017
c/o Chicago Counseling Associates
1000 W. Diversey Pkwy, Suite 275,
Chicago, IL 60614

Please email this form to adpca2017@gmail.com or mail it to adpca2017 to the address above.