

EAPA's 2010



Annual World  
EAP Conference  
Tampa, Florida  
OCTOBER 6-9, 2010

# Attendee Registration Form

World EAP Conference, October 6-9, 2010  
Pre-Conference Training Courses, October 5-6

Tampa Marriott Waterside Hotel & Tampa Convention Center  
Tampa, Florida USA

Please register online at [www.eapassn.org](http://www.eapassn.org)  
or mail or fax this form completed to:  
EAPA, Attn: Conference Registration  
4350 N. Fairfax Drive, Suite 410  
Arlington, VA 22203  
Fax: 703-522-4585  
Phone: 703-387-1000

## Attendee Information (\*These fields will be printed on the conference badge.)

FIRST NAME*		LAST NAME*	
MEMBER NUMBER		CREDENTIALS* <small>(limit two)</small>	
EMPLOYER/ORGANIZATION*		JOB TITLE*	
ADDRESS 1		ADDRESS 2	
CITY*	STATE/PROVINCE*	ZIP/POSTAL CODE	COUNTRY*
PHONE <small>(Including appropriate country, city, and area codes)</small>		ARE YOU A FIRST TIME CONFERENCE ATTENDEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
E-MAIL		GUEST NAME(S) <small>(if applicable)</small>	

**World EAP Conference Registrations** (All amounts in U.S. dollars.) Conference registration fees include access to the EAPA Marketplace (including Continental Breakfasts, Box Lunch, and Dessert Reception), Annual Awards Luncheon & President's Address and EAPA Night at Busch Gardens "Howl-O-Scream." Pre-Conference Training Courses are NOT included in registration fees.

	Faxed or postmarked on or before 08/20/10		Faxed or postmarked on or before 09/30/10		Submit on-site after 10/01/109		TOTAL DUE
	Member	Non-Member	Member	Non-Member	Member	Non-Member	
<b>Full Conference Registration</b>	<input type="checkbox"/> \$645.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$745.00	<input type="checkbox"/> \$895.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$945.00	
<b>Best Value Package! Full Conference plus Conference Online Special</b> <small>(Online Multi-media re-creations of EAPA's 2009 &amp; 2010 conferences. See page 8 ad for details.)</small>	<input type="checkbox"/> \$740.00	<input type="checkbox"/> \$940.00	<input type="checkbox"/> \$840.00	<input type="checkbox"/> \$1040.00	<input type="checkbox"/> \$890.00	<input type="checkbox"/> \$1090.00	
<b>First Time New Member Package</b> <small>(First time new members of EAPA only. Not valid for renewals or lapsed members. Chapter Dues Additional.)</small>	<input type="checkbox"/> \$745.00		<input type="checkbox"/> \$845.00		<input type="checkbox"/> \$895.00		
	<input type="checkbox"/> \$840.00 <b>Best Value Package!</b>		<input type="checkbox"/> \$940.00 <b>Best Value Package!</b>		<input type="checkbox"/> \$990.00 <b>Best Value Package!</b>		
<b>Student Full Conference Registration</b> <small>(Proof of student status required.)</small>	<input type="checkbox"/> \$395.00		<input type="checkbox"/> \$395.00		<input type="checkbox"/> \$395.00		
	<input type="checkbox"/> \$490.00 <b>Best Value Package!</b>		<input type="checkbox"/> \$490.00 <b>Best Value Package!</b>		<input type="checkbox"/> \$490.00 <b>Best Value Package!</b>		
<b>Daily Conference Registration</b> <small>(No discount for early registration on daily conference fees. Includes the day's meal functions; Saturday does NOT include Fun Run or EAPA Night at Busch Gardens.)</small>	THURSDAY, OCTOBER 7, 2010		FRIDAY, OCTOBER 8, 2010		SATURDAY, OCTOBER 9, 2010		
	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$410.00	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$195.00	
<b>Optional Services</b> <small>(not included in full conference registration)</small>							
<b>Saturday 5k Fun Run/2.5k Walk</b>	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$30.00		
<b>CEUs</b> <small>(NASW, NAADAC, CA LMFT/LCSW, NBCC.)</small>	<input type="checkbox"/> \$25.00		<input type="checkbox"/> \$25.00		<input type="checkbox"/> \$25.00		
<b>Pre-Conference Training Courses, October 5-6, 2010</b> <small>(includes all training materials, and morning and afternoon breaks. Lunch is on your own. Conference registration is not included in training course fees.)</small>							
October 5-6: Distance Credentialed Counselor Training Workshop, Mental Health Concentration	<input type="checkbox"/> \$445.00	<input type="checkbox"/> \$595.00	<input type="checkbox"/> \$445.00	<input type="checkbox"/> \$595.00	<input type="checkbox"/> \$445.00	<input type="checkbox"/> \$595.00	
October 5-6: DOT/SAP Training	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$455.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$485.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$485.00	
October 5: The Supervisor Module: Team Awareness	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 5: Motivational Interviewing	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 5: Workplace Violence Prevention	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 6: Understanding Engagement	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 6: Teaching Employee Assistance	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
October 6: Workplace Hostility	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$385.00	
<b>Sub-Total (form continues on reverse)</b>							

## Attendee Registration Form – page 2


NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Guest Tickets <i>(Please purchase tickets for any guest who plans to attend the listed events.)</i>			
Guest Pass for the EAPA Marketplace <i>(Includes Grand Opening Reception, Box Lunch, Daily Breakfast, and Dessert Reception.)</i>	<input type="checkbox"/> \$125.00	Quantity: _____	
Guest Ticket for 1 Keynote Session Only	<input type="checkbox"/> \$35.00	Quantity: _____	
Guest Ticket for Annual Awards Luncheon & President's Address	<input type="checkbox"/> \$95.00	Quantity: _____	
<b>NEW THIS YEAR!</b> Guest Ticket for Saturday EAPA Night at Busch Gardens "Howl-O-Scream"	<input type="checkbox"/> \$50.00	Quantity: _____	
<b>Sub-total from page 1</b>			
<b>TOTAL AMOUNT DUE (Pages 1 and 2)</b>			

Please indicate your intention to attend the following events <i>(Included with Full Conference Registration Fees only. Your response is needed for planning purposes.)</i>	YES	NO
Wednesday – Opening Reception		
Friday – Annual Awards Luncheon & President's Address		
Saturday – Product Education Luncheon		
Saturday – EAPA Night at Busch Gardens "Howl-O-Scream"		

**Attendee Profile/Survey**

1.  **Yes, I have special physical** , **dietary (vegetarian, kosher, etc.), or other needs. If so, please explain.** \_\_\_\_\_

2.  Please update my EAPA membership contact information to match my attendee information.

3. How did you hear about the EAPA 2010 Annual World EAP Conference?  E-mail  EAPA Website  Postcard  Registration Preview Brochure  Chapter Meeting  Word of Mouth  
 Other \_\_\_\_\_

4. Please check the selection that BEST describes your work.  EA program management/administration  EA counseling/consulting with employees  
 EA employer services (e.g. management training/consulting)  Peer assistance  EA account management  EA sales/marketing  Network clinician/therapist  
 Research/Academic  Student  Treatment facility-clinical  Treatment facility-marketing  HR or Benefits Management  Work-Life  
 Other (specify) \_\_\_\_\_

5. How often do you visit the EAPA Website?  Daily  Weekly  Monthly  Rarely  Comments: \_\_\_\_\_

6. Please delete the following information from rented conference mailing lists:  delete my e-mail address  delete my mailing address  delete all my contact information

**Refund Policy**

**Cancellation Policy:** All requests for refunds must be in writing. Refund requests received prior to the end of business (5:00 pm EDT) on August 20, 2010 will be subject to a \$100 cancellation fee. After that date, NO further refunds can be made. All refunds will be processed after November 1, 2010. There are NO exceptions to this refund policy. Substitutions are allowed.

**Payment Information (Only one form of payment please!)**

Check (Check No. \_\_\_\_\_)  VISA  MasterCard  American Express  Discover

Make checks payable to EAPA.  If paying by credit/debit card, you agree to pay the total amount due according to the card issuer agreement.

Credit/Debit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_