

**North Carolina Psychological Association**

**DIVISION OF INDEPENDENT PROFESSIONAL PRACTICE**

**2008 RISK MANAGEMENT CONFERENCE**

**REGISTRATION DEADLINE: JUNE 13, 2008**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail (please print) \_\_\_\_\_

Profession (Psychologist, Social Worker, etc.) \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE REGISTRATION FEE:**

- Division Member - \$125
- NCPA non-Division Member - \$175
- APAIT Insured, NOT NCPA member - \$175  
**(must include current APAIT Insured cover sheet)**
- Non-Psychologist Member of Another Profession - \$175
- Psychologist Non-Member - \$225
- Graduate Student - \$50 (10 slots available)
  
- Add \$40 after June 13 \$\_\_\_\_ (must be in office June 13 to avoid late fee)

**Note: Registration is not considered received unless it is accompanied by payment -spaces will not be held without payment.**

**TOTAL DUE \$ \_\_\_\_\_**

**Special Needs:** I have special needs (dietary/physical) \_\_\_\_\_  
(must know by June 13, 2008)

**PAYMENT METHOD** Circle: Check MasterCard VISA For credit card, you must complete:

**Name (as it appears on card)** \_\_\_\_\_

**Card Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **CVC #** \_\_\_\_\_

**Exact Billing Address of Card** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_

**SEND REGISTRATION FORM** with check payable to NCPA DIPP or credit card information above to:  
NCPA/DIPP 1004 Dresser Court, Suite 106, Raleigh, NC 27609 or fax to 919/872-0805  
e-mail [ncpacarol@mindspring.com](mailto:ncpacarol@mindspring.com) [www.ncpsychology.org](http://www.ncpsychology.org)