

# 51st Annual Convention | San Diego

ABCT • November 16–19, 2017

FOR OFFICE USE ONLY

Member Student Member Postbac Exhibitor  
Nonmember Student Nonmember Comp

- Preregister by **October 16, 2017**
- If paying by credit card (Visa, MasterCard, or American Express) register on-line at [www.abct.org](http://www.abct.org) or by fax (212-647-1865)
- If paying by check, mail to:  
**ABCT, 305 Seventh Avenue, 16th floor, New York, NY 10001**

→ **Primary email:** \_\_\_\_\_  
**Day Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

## → Badge Information (please print)

_____	_____
First Name	Last Name
_____	_____
Institution	Highest Degree

## → Mailing Information

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

Department or Program \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Check here if you require special accessibility or accommodations. Please email any special requirements to [convention@abct.org](mailto:convention@abct.org)

## Here's how it works:

**Pre-Convention** events (see **B–D** below) take place on Wed. and Thurs. and are TICKETED sessions.

Workshops and Master Clinician Seminars (**E & F** below) are also TICKETED sessions, but they take place Friday through Sunday, during the Convention proper.

**General Registration** gives you access to all of the Symposia, Clinical Round Tables, Posters, Panel Discussions, Special Sessions, Invited Addresses, and SIG meetings Friday through Sunday. These sessions do not require tickets. If you want to attend the General Convention only, fill in area **A** on the reverse. If you also want to attend ticketed sessions, mark your choices below and complete the registration form on the reverse. Or: **register on-line at [www.abct.org](http://www.abct.org)**

## Pre-Convention Activities

PLEASE CHECK DESIRED SESSIONS

### **B** Clinical Intervention Trainings

- CIT 1:** Mindful Way Through Anxiety—2 full days (Orsillo & Roemer)
- CIT 2:** Parent-Child Interaction Therapy (McNeil)
- CIT 3:** Intro to TEAM CBT (Burns & Levitt)

### **C** AMASS

- AMASS 1:** R for Clinical Scientists
- AMASS 2:** Missing Data Analysis

### **D** Institutes (full day)

- Ins 1:** Strategies for Hoarding Behavior
- Ins 2:** Integrating CBT-I Into Other Tx Protocols

### **D** Institutes (5-hour)

- Ins 3:** CBT With Youth
- Ins 4:** Transdiagnostic CBT for Low-Resource Settings
- Ins 5:** Bipolar Disorder in Youth
- Ins 6:** Emotion Regulation Therapy
- Ins 7:** CPT for PTSD
- Ins 8:** Crisis Response for Suicidal Patients
- Ins 9:** Self-Regulating Strategies

Please indicate number of your first and second choices here:

1st choice:  
Ins \_\_\_\_\_  
2nd choice:  
Ins \_\_\_\_\_

## Convention

For a listing of Workshops and Master Clinician Seminars, go to **Ticketed Sessions** at [www.abct.org/conv2017](http://www.abct.org/conv2017)

### **E** Workshops

Please insert the workshop numbers (i.e., “4” for Workshop 4) for those you wish to attend. Also note the total number of tickets desired and use that number on the reverse. Because workshops fill early, PLEASE list alternative choices.

### **F** Master Clinician Seminars

Please insert the number of the Master Clinician Seminars you wish to attend. Also note the total number of MCS tickets desired and use that number on the reverse.

All tickets & badges will be picked up onsite

Workshops	Day	Time	1st Choice	2nd Choice
	<b>FRIDAY</b>	AM		
		PM		
	<b>SATURDAY</b>	AM		
PM				

TOTAL TICKETS \_\_\_\_\_

MCS	1st Choice	2nd Choice	3rd Choice	4th Choice

TOTAL TICKETS \_\_\_\_\_

**Specialty** (please check one)  Psychology  Addictions Counseling  
 Counseling  Social Work  School/Education  Psychiatry  
 Primary Care  Marriage & Family Therapy  
 Other \_\_\_\_\_  
**Level** (Please check one)  Professional  Student

- Preregistration is strongly advised.
- No refunds will be made after the October 16, 2017, deadline
- Student rates are for full-time students, residents, or interns: please send ID to verify your status as a student.

# Register

	* ABCT Member (all professional categories)	Non-Member	* ABCT Student Member	Student Non-Member	* Post-Baccalaureate Professional Member	Number of Tickets	Total
<b>A Pre-Registration</b> Received by Oct. 16, 2017	\$314	\$615	\$130	\$227	\$170		<input type="text"/>
<b>On-site Registration</b> (after Oct. 16, 2017)	\$372	\$670	\$159	\$249	\$200		<input type="text"/>
<i>Indicate Choices on Reverse</i>							
<b>B Clinical Intervention Trainings</b>							
<b>CIT 1</b> (Orsillo/Roemer—2 days, Wed & Thurs)	\$340	\$450	\$190	\$260	\$265		<input type="text"/>
<b>CIT 2</b> (McNeil—1 day, Thurs)	\$175	\$230	\$140	\$155	\$145		<input type="text"/>
<b>CIT 3</b> (Burns/Levitt—1 day, Thurs)	\$175	\$230	\$140	\$155	\$145		<input type="text"/>
<b>C AMASS</b>							
<b>AMASS 1</b> (Fisher—Thurs. a.m.)	\$115	\$135	\$90	\$105	\$115		<input type="text"/>
<b>AMASS 2</b> (Enders—Thurs. p.m.)	\$115	\$135	\$90	\$105	\$115		<input type="text"/>
<b>D Full-Day Institutes (Thurs.)</b>	\$175	\$230	\$140	\$155	\$145		<input type="text"/>
<b>5-Hour Institutes (Thurs.)</b>	\$130	\$160	\$100	\$110	\$105	<input type="text"/>	<input type="text"/>
<b>E Workshops</b>	\$70	\$98	\$55	\$65	\$60	<input type="text"/>	<input type="text"/>
<b>F Master Clinician Seminars</b>	\$85	\$105	\$65	\$75	\$70	<input type="text"/>	<input type="text"/>
<b>CE Documentation</b>	\$99	\$99					<input type="text"/>
CE: please check appropriate organization: <input type="checkbox"/> Psychology-APA <input type="checkbox"/> NASW <input type="checkbox"/> Counselor-NADAAC <input type="checkbox"/> NBCC <input type="checkbox"/> CAMFT							
<b>Donation</b> ("I support students") <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> other amount _____							

\* **ABCT Members, Student Members, and Post-Baccalaureate Professional Members:**  
Please remember that the ABCT membership year is November 1, 2017, to October 31, 2018.  
As the Convention takes place in November, you are required to pay your 2018 dues before registering.

**Total Fees**

Visa | MasterCard | American Express

Name on Card (please print)

Card Number

CVV

Expiration Date

Signature