

2001 ISCP Meeting Registration Form

First Name _____

Last Name _____

Institution _____

Address _____

Phone _____ Fax _____

E-mail Address _____

Advance Registration Fee: ISCP Members. . . . \$15.00 Non-Members. . . . \$25.00

On-Site Registration Fee: ISCP Members. . . . \$20.00 Non-Members. . . . \$30.00

Registration Options:

_____ **Registering and Paying Now**

Enclosed is my registration fee of \$ _____, payable in US Dollars.

_____ **Registering Now --- Will Pay On-Site**

_____ **Unable to Attend --- Sending Announcement, Discussion Topic, or Other Information for Meeting.**

Information is attached or provided in space below.

Please submit any information of interest to you, or that you would like to share at the annual meeting. This might include: **announcements, queries** for the ISCP Business Meeting, or **topical questions** for the discussion hour. Please describe any **clinical psychology issues of interest to you** that your colleagues attending the Annual Meeting could discuss and exchange knowledge about. A summary of this discussion will be published in the newsletter following this meeting to facilitate dialogue and information exchange among our members.

Please send the completed registration/submission form to:
Susan Frauenglas, Ph.D., ISCP Secretary

Mail: Department of Psychology
Northern Illinois University
DeKalb, IL 60115 USA

E-mail: Susana@niu.edu
Fax: 815-753-7093
