



ADEC 28th Annual Conference March 29 - April 2, 2006

Registration Form

Please check if you are applying for membership or renewing your membership
 New Member
 Renewal



Register online at:
www.adec.org
 It's fast and secure.

Name (as you would like it to appear on your badge) _____ Professional Title (for Association records) _____

Institution/Company/University/Hospital/Organization _____

Phone _____ Fax _____

Address _____ E-mail Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

After Hours Phone or E-mail Address _____ Emergency Contact Name _____ Emergency Contact Phone/Pager _____

Please indicate if you are a First-Time Attendee New Member Address Update

To help us determine room assignments, indicate which session you plan to attend during the Keynote/Invited Speaker segment on Saturday, April 1, from 10:45 a.m. - 12:30 p.m.

Grief and Victims
 Caring, Crisis Management and Opportunities for the Future — A Reflection on the Legacy of Terry Schiavo
 Soul-Pain, Suffering and the Self-Reflective Clinician: The Awe and Mystery of Our Work
 The Loss Experience of College Students and their Impact on Adjustment and Learning

New Members, Join ADEC Today! Membership Dues

	New		Renewal	
Active Member	<input type="checkbox"/>	\$135 US	<input type="checkbox"/>	\$ _____
Senior (65+) Member	<input type="checkbox"/>	\$ 70 US	<input type="checkbox"/>	\$ _____
Student Member (ID required)	<input type="checkbox"/>	\$ 60 US	<input type="checkbox"/>	\$ _____
Institutional Member	<input type="checkbox"/>	\$275 US	<input type="checkbox"/>	\$ _____

	On or before Feb. 9	After Feb. 9 and Onsite	
<input type="checkbox"/> ADEC Member	\$310 US	\$360 US	\$ _____
<input type="checkbox"/> Non-member	\$450 US	\$500 US	\$ _____
<input type="checkbox"/> Senior (65+)	\$265 US	\$265 US	\$ _____
<input type="checkbox"/> Full-Time Student (ID required)	\$195 US	\$245 US	\$ _____
<input type="checkbox"/> Spouse/Companion	\$150 US	\$185 US	\$ _____

Name of Spouse/Companion _____

One-Day Only Registration

<input type="checkbox"/> One-Day Registration	\$195 US	\$245 US	\$ _____
Circle one: Thursday	Friday	Saturday	

Optional Activities

<input type="checkbox"/> Presidential Luncheon	\$ 36 US	\$ _____
For Presidential Luncheon only: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher <input type="checkbox"/> Other		

Education Institute Program/Professional Development Course/Specialty Workshop

<input type="checkbox"/> Professional Development or Specialty Workshop Registration Total (from page 19)	\$ _____
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Continuing Education

<input type="checkbox"/> Member (all member types) Continuing Education Credit	\$ 30 US	\$ _____
<input type="checkbox"/> Non-member Continuing Education Credit	\$ 45 US	\$ _____

Register today!
 Only onsite registrations will be accepted after March 14.

Total Fees: \$ _____

ADEC Pre-Registration Policies:
 To be considered pre-registered, your registration, changes or replacement must be received or postmarked by Tuesday, March 14, 2006. After this date, you must register onsite.

Telephone registrations cannot be accepted. Payment will be accepted in U.S. dollars only.

ADEC Cancellation Policy:
 Notification of cancellation must be submitted in writing. Cancellations received before Friday, Jan. 27, 2006 will be refunded, minus a \$75 U.S. cancellation fee.

Cancellations will be honored but money will not be refunded after Jan. 27, 2006. Substitutions are allowed at any time, but must be submitted in writing and must be of the same member status.

Mail or fax payment and registration to:
 Association for Death Education and Counseling
 39016 Treasury Center
 Chicago, IL 60694-9000 USA
 Tel: 847/509-0403
 Fax: 847/480-9282
 E-mail: adec@adec.org
 ADEC Tax ID# 52-1051036
Caution: If you submit your registration form more than once, it may result in a duplicate charge on your credit card. Please send your registration using only one method of payment.

Please attach any special needs or dietary requests.

Payment

- MasterCard VISA American Express
 Check (U.S. dollars only; payable to: Association for Death Education and Counseling)

Name on Card _____ Card Number _____ Expiration Date _____

Signature _____ Billing Address (if different from above) _____

