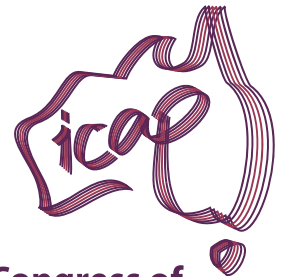


Forward this form and payment by fax or airmail to:

The Congress Managers:
arinex pty ltd/ ICAP 2010

GPO Box 128,
Sydney NSW, 2001, AUSTRALIA

Fax: + 61 2 9265 0880



REGISTRATION FORM

By completing this registration form you have read, understood and agree to cancellation policies, privacy statement and security requirements as stated on the congress website.

Please print clearly or type and keep a photocopy of this form for your records or register online at www.icap2010.com. The information submitted will be reproduced in the delegate list at the Congress and be used for all mailings. Please ensure the information you complete is correct. Please complete the form and mail immediately with your credit card details or cheque payable to ICAP 2010.

27th International Congress of Applied Psychology Ψ

11-16 July 2010 Melbourne Australia

www.icap2010.com

NOTE: All fees include the 10% Goods and Services Tax (GST) and are in Australian Dollars. To view the current foreign exchange rates, please visit www.x-rates.com

Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form.

A. DELEGATE & ACCOMPANYING PERSON/S

DELEGATE	TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Other
GIVEN NAME								
FAMILY NAME								
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
ORGANISATION								
POSITION								
STREET ADDRESS								
CITY/SUBURB							STATE	
COUNTRY							POSTCODE/ZIP	
TELEPHONE								
MOBILE PHONE								
FAX								
EMAIL (2 addresses preferred)								
IAAP MEMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO		DIVISION					
APS MEMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO		MEMBER NO.					
OTHER ASSOCIATION								
PREFERRED NAME ON NAME BADGE								
ACCOMPANYING PERSON	TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Other
GIVEN NAME								
FAMILY NAME								

B. REGISTRATION FEES

Visit the website for the category of countries for the delegate's country of residence & also to view entitlements.

NOTE: All fees include the 10% Goods & Services Tax (GST). All fees are in Australian Dollars.

Registration Category	Price Categories				
	Standard Early Bird (on of before 12 March)	Standard (from 13 March)	All-inclusive Early Bird (on of before 12 March)	All-inclusive (from 13 March)	
IAAP/APS Members – Category A	<input type="checkbox"/> A\$890	<input type="checkbox"/> A\$1,000	<input type="checkbox"/> A\$990	<input type="checkbox"/> A\$1,100	
IAAP/APS Members – Category B	<input type="checkbox"/> A\$800	<input type="checkbox"/> A\$900	<input type="checkbox"/> A\$900	<input type="checkbox"/> A\$1,000	
IAAP/APS Members – Category C	<input type="checkbox"/> A\$560	<input type="checkbox"/> A\$600	<input type="checkbox"/> A\$660	<input type="checkbox"/> A\$700	
*Non-Members – Category A	<input type="checkbox"/> A\$975	<input type="checkbox"/> A\$1,075	<input type="checkbox"/> A\$1,075	<input type="checkbox"/> A\$1,175	
*Non-Members – Category B	<input type="checkbox"/> A\$875	<input type="checkbox"/> A\$975	<input type="checkbox"/> A\$975	<input type="checkbox"/> A\$1,075	
*Non-Members – Category C	<input type="checkbox"/> A\$600	<input type="checkbox"/> A\$650	<input type="checkbox"/> A\$700	<input type="checkbox"/> A\$750	
*Non-Members – Please see important note on next page before proceeding					
**Students <input type="checkbox"/> I have included a copy of my student identification card	<input type="checkbox"/> A\$350	<input type="checkbox"/> A\$420	<input type="checkbox"/> A\$450	<input type="checkbox"/> A\$520	
Day Registration	<input type="checkbox"/> A\$450	<input type="checkbox"/> A\$450	<input type="checkbox"/> A\$450	<input type="checkbox"/> A\$450	
Please nominate the day attending:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Accompanying Persons	<input type="checkbox"/> A\$145	<input type="checkbox"/> A\$145	<input type="checkbox"/> A\$145	<input type="checkbox"/> A\$145	

*Non-IAAP Members IMPORTANT NOTE

For those who are not yet members of IAAP please note that we are offering a A\$25 membership fee to all non-IAAP members who join the Association at the time of registering for the Congress. This fee is normally A\$75. Thus, by ticking this box **A\$25** you will automatically become a member of IAAP with all its associated privileges including:

- An entitlement to register for the present Congress at the above IAAP / APS Members reduced rate. (If you have indicated that you will become an IAAP member, please ensure you tick the member rate just above)
- Reduced Congress registration rates for all future IAAP Congresses
- Free subscription to either: (Please indicate)

Applied Psychology: An International Review *Applied Psychology: Health and Wellbeing*

Free subscription to the IAAP Bulletin

- Reduced subscription rates on many journals
- A choice of two of IAAP's 17 Divisions at no extra cost
- Part of an exciting network of over 2,500 international scholars, scientists and practitioners

B. Sub-Total Registration Fees: A\$ _____

Sub-Total IAAP Membership Fee (For newly joined members): A\$ _____

C. WORKSHOP FEES (per delegate)

Full details of the workshops can be found by visiting our website www.icap2010.com

There are two types of workshop registrations

1. Congress Delegate: You must be registered as a congress delegate to receive this rate

2. Workshop Only: You do not have to be registered for the congress to receive this rate.

This rate applies to workshop only and there is no access to the congress.

Congress Delegate Full Day Workshop – Categories A & B ^{1*}	A\$350
Congress Delegate Full Day Workshop – Category C & Student ^{1*}	A\$150
Congress Delegate Half Day Workshop – Categories A & B ^{1^}	A\$175
Congress Delegate Half Day Workshop – Category C & Student ^{1^}	A\$85
Full Day Workshop Only ^{2*}	A\$550
Half Day Workshop Only ^{2^}	A\$285

**This workshop entitles you to morning & afternoon tea*

^This workshop entitles you to morning or afternoon tea

Please select which workshop you would like to attend

Full Day Workshops

Sunday 11 July 2010

- Nick Allen & Wendy Knight
- David Blustein
- Richard Bryant
- Vanessa Cook, Janette Gale & Rebecca McPhee
- Randy Frost
- Kim Halford
- Ronald Hambleton
- Beth Haverkamp
- Elizabeth Holloway & Mitchell Kusy
- Tania Jones & Clinton Schultz
- Nikolaos Kazantzis
- Bob Knight
- Kurt Kraiger
- Michael Kyrios, Richard Moulding, & Maja Nedeljkovic
- Robert Ladouceur
- Helen Lindner
- Bob Montgomery & Laurel Morris
- Paul Mullen
- Michael Nicholas
- Les Posen
- Alan Ralph
- Ron Rapee
- Ronald Ruff
- Zachary Steel
- Gail Steketee
- Tracey Wade
- John Weinman
- Robert Zettle
- Suicide Prevention – Speaker to be advised

Half Day Workshops

Sunday 11 July 2010

- Paula Barrett
- Kerstin Isaksson

Monday 12 July 2010

- Barbara Byrne or
- Bruce Stevens
- Robert Sommer or
- Peter Terry

Tuesday 13 July 2010

- Helen Christensen, Kathy Griffiths, Julia Reynolds or
- Mark Dadds
- Barbara Byrne or
- Michael Frese

Wednesday 14 July 2010

- Ray Fowler & Sandra Fowler or
- Tania Israel
- Gerald Matthews & Richard Roberts or
- Robert Zettle

Thursday 15 July 2010

- Mike Cheung or
- Di Bretherton & Tania Miletic
- Judy Kuriansky or
- Paul Martin

Friday 16 July 2010

- Sunil Bhar or
- Carol Falender & Jean Pettifor
- Tessa Ginders & Trish Martin or
- Greg Murray

D. SOCIAL PROGRAM

The Opening Ceremony & Welcome Reception are **included** in the Registration Fee for all Delegates and Accompanying Persons, excluding Day Registrations.

If you require **additional** tickets please complete this section:

Event	Cost per ticket	Number of tickets required	Total Cost
Opening Ceremony & Welcome Reception Sunday 11th July 2010, 1800	A\$80		

The following event is **optional** and **not included** in the Registration Fee for all Delegates and Accompanying Persons. If you require tickets for these events please complete this section:

Event	Cost per ticket	Number of tickets required	Total Cost
Congress Dinner – <i>Limited Seats Available</i> Thursday 15th July 2010, 1900	A\$150		

D. Sub-Total Additional / Optional Social Tickets: A\$ _____

E. OPTIONAL TOURS PROGRAM

The following tours are **optional** and **not included** in the Registration Fee for Delegates and Accompanying Persons (except for Majestic Melbourne which is included for Accompanying Persons). If you require tickets for these tours please complete this section:

Name of Tour	Cost per ticket	Number of tickets required	Total Cost
Majestic Melbourne – Monday 12 July 2010, 1300 – 1700	A\$65		
Phillip Island Penguin Parade – Tuesday 13 July 2010, 1500 – 2230	A\$145		
Great Ocean Road Adventure – Wednesday 14 July 2010, 0800 – 1930	A\$154		
Dinner on the Colonial Tramcar Restaurant Wednesday 14 July 2010, 2030 – 2330	A\$135		
Yarra Valley Food and Wine – Thursday 15 July 2010, 1000 – 1730	A\$200		
Melbourne Shopping Secrets – Friday 16 July 2010, 1000 – 1200	A\$75		

E. Sub-Total Optional Tours Tickets: A\$ _____

F. POST CONGRESS TOURS

Name of Tour	Tour Cost (Excluding airfares)	Number of Participants	Total Cost
The Dramatic Red Centre 4 Days/3 Nights, 17 – 20 July 2010	Double occupancy A\$1,500 per person Single occupancy A\$2400 per person		
Reef & Rainforest 5 Days/4 Nights, 17 – 21 July 2010	Double occupancy A\$1,200 per person Single occupancy A\$1800 per person		

F. Sub-Total Post Congress Tours: A\$ _____

G. ACCOMMODATION

- A minimum one night's deposit must be paid or credit card details given at time of booking to guarantee reservation
- Deposit is non-refundable at **8th June 2010**.
- Cancellations must be notified in writing to the Conference Managers.
- Bookings made on or after **8th June 2010** must be secured with credit card details.
- To view full terms and conditions for accommodation bookings please visit www.icap2010.com
- Please note bedding configurations are subject to hotel availability.

Hotel and Deposit Requirements.

Single (SGL): A single occupancy room with one bed

Double (DBL): A double occupancy room with one bed

Twin (TWN): A double occupancy room with two beds

Hotel	Room Type	Room Only Rate	Bed and Breakfast Rate SGL	Bed and Breakfast Rate DBL/TWN	Number of Nights
Crown Metropol	Luxe Room SGL/DBL/TWN	\$268.00 <input type="checkbox"/>	\$288.00 <input type="checkbox"/>	\$308.00 <input type="checkbox"/>	
	Club Floor Rooms SGL/DBL/TWN	\$368.00 <input type="checkbox"/>	N/A	N/A	
5 STAR					
Hilton South Wharf	Executive Club Room SGL/DBL/TWN (inc. Exec Floor Access)	\$375.00 <input type="checkbox"/>	N/A	N/A	
	Guest Room SGL/DBL/TWN	\$280.00 <input type="checkbox"/>	\$295.00 <input type="checkbox"/>	\$310.00 <input type="checkbox"/>	
Crown Towers	Deluxe Room SGL/DBL/TWN	\$298.00 <input type="checkbox"/>	\$318.00 <input type="checkbox"/>	\$338.00 <input type="checkbox"/>	
Crowne Plaza Melbourne	Standard Room SGL/DBL/TWN	\$215.00 <input type="checkbox"/>	\$235.00 <input type="checkbox"/>	\$255.00 <input type="checkbox"/>	
Melbourne Short Stay Apartments Vue Grand	2 Bedroom Deluxe Apartment	\$324.00 <input type="checkbox"/>	NA	NA	
Melbourne Short Stay Apartments Southbank	2 Bathroom Apartment	\$259.00 <input type="checkbox"/>	NA	NA	
Medina Northbank	1 Bedroom Apartment	\$219.00 <input type="checkbox"/>	NA	NA	
Travelodge Southbank	Standard Room SGL/DBL/TWN	\$170.00 <input type="checkbox"/>	\$190.00 <input type="checkbox"/>	\$210.00 <input type="checkbox"/>	
Pensione Melbourne	Petite Double Room SGL/DBL	\$120.00 <input type="checkbox"/>	\$135.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	
	Double Room SGL/DBL	\$140.00 <input type="checkbox"/>	\$155.00 <input type="checkbox"/>	\$170.00 <input type="checkbox"/>	
	Twin Room TWN	\$140.00 <input type="checkbox"/>	N/A <input type="checkbox"/>	\$170.00 <input type="checkbox"/>	
BUDGET					
Urban Central	Dorm Bed (4 bed share)	\$32.00 <input type="checkbox"/>	NA	NA	

Please indicate below whether you wish to pay for your entire stay:

Yes, I wish to pay for my entire stay now

No, I only wish to pay the one night's deposit now

Apartment Requirements:

Two Bedroom Apartments

- 2 Queen Beds
- 1 Queen Bed or 2 Single Beds
- 1 Queen Bed and 1 Double Bed

One Bedroom Apartment

- 1 Queen Bed
- 2 Single Beds

If your first preference of hotel, as indicated above, is not available, the Conference Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference _____

- I do not require the Conference Managers to book accommodation for me. I have made my own arrangements. I will be staying _____ (name of hotel)
- With friends or family

Important – Please complete this section

Arrival/Check in Date _____ Estimated Time of Arrival _____

Departure/Check out Date _____ Estimated Time of Departure _____

I wish to guarantee early check in by pre -booking and paying for the previous night on ____/____/____

I will be sharing this room with _____

Special Requirements e.g. smoking/ non smoking room (subject to availability)

G. Sub-Total Accommodation: A\$ _____

H. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have specific dietary requirements please indicate below. We will endeavour to cater to your needs but this may not be possible in all cases.

Please provide details of YOUR special needs/ dietary requirements _____

Please provide details of YOUR GUEST/S special needs/ dietary requirements _____

* Please note: If you have selected Kosher or Halal, you will be provided with a vegetarian meal. Should you require alternative meal arrangements please contact the Congress Managers.

I. INFORMATION SOURCE

Please indicate where/how you heard about the Congress:

- Congress direct mail/brochure
- Congress email blasts
- ICAP 2010 website
- Industry colleagues
- APS
- IAAP
- Sponsor/exhibitor Please specify _____
- Promotion at another Congress: Please specify _____
- Ambassador: Please specify _____
- Journal/newspaper article/advertisement _____
- Other: Please specify _____
