

# Conference *Registration Form*

FEBRUARY 26 – 29, 2012

\*FIRST NAME \_\_\_\_\_  
 \*LAST NAME \_\_\_\_\_  
 \*TITLE \_\_\_\_\_  
 \*COMPANY \_\_\_\_\_  
 \*ADDRESS 1 \_\_\_\_\_  
 ADDRESS 2 \_\_\_\_\_

\*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_  
 \*ZIP/POSTAL CODE \_\_\_\_\_ \*COUNTRY \_\_\_\_\_  
 \*TELEPHONE (\_\_\_\_) \_\_\_\_\_  
 FAX (\_\_\_\_) \_\_\_\_\_  
 \*E-MAIL ADDRESS \_\_\_\_\_

\* = Required



## Demographic Questions - Please answer all questions below.

\*1. What best describes your job function/position?  
 (Select only one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Academic                | <input type="checkbox"/> Psychiatrist/Psychologist |
| <input type="checkbox"/> Analyst                 | <input type="checkbox"/> Psychometrician/Scientist |
| <input type="checkbox"/> C-Level                 | <input type="checkbox"/> Specialist                |
| <input type="checkbox"/> Consultant              | <input type="checkbox"/> Staff                     |
| <input type="checkbox"/> Executive/Management    | <input type="checkbox"/> Strategist                |
| <input type="checkbox"/> Lawyer                  | <input type="checkbox"/> Student                   |
| <input type="checkbox"/> Program/Project Manager | <input type="checkbox"/> Other _____               |

\*3. What best describes your employment setting?  
 (Select only one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Certification/Licensure               | <input type="checkbox"/> Industry Trade Organization |
| <input type="checkbox"/> Clinical Assessment                   | <input type="checkbox"/> Law Firm                    |
| <input type="checkbox"/> Education (K-12)                      | <input type="checkbox"/> Testing Company             |
| <input type="checkbox"/> Government                            | <input type="checkbox"/> Vendor                      |
| <input type="checkbox"/> Higher Education                      | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Industrial/Organizational Association |  |

\*2. What are your special interests? (Check ALL that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Certification/Licensure | <input type="checkbox"/> Industrial/Organizational |
| <input type="checkbox"/> Clinical                | <input type="checkbox"/> International             |
| <input type="checkbox"/> Education               |  |

\*4. Are you interested in becoming a session coordinator?

- Yes  
 No

## Innovations In Testing Conference - Registration Fees: Early Bird discounts are available through December 1, 2011.

- |   |  |
|---|--|
| <input type="checkbox"/> \$625 Early Bird ATP Member                | <input type="checkbox"/> \$800 Non-Member (After December 1, 2011.)  |
| <input type="checkbox"/> \$700 Early Bird Non-Member                | <input type="checkbox"/> \$150 Spouse / Significant Other Fee<br>(Includes admittance to all meals and evening functions.) |
| <input type="checkbox"/> \$725 ATP Member (After December 1, 2011.) | Full Name: _____   |

**Total Fee to be Charged:** \_\_\_\_\_

If paying by check, complete registration form must be mailed with check enclosed. **Make checks payable to ATP.**

### Method of Payment

VISA    MASTERCARD    AMEX    CHECK# \_\_\_\_\_  
 CC# \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_

### Billing Address - SAME AS MAILING ADDRESS

Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

### Register by returning this form with payment to Designing Events:

**Fax:** +1-410-654-5335 • **Mail:** ATP Conference Registration C/O Designing Events - 10811 Red Run Blvd., Suite 204, Owings Mills, MD 21117 USA  
**Questions?** Contact Designing Events at [ATP@designingevents.com](mailto:ATP@designingevents.com) or by calling +1-410-654-5525. • [InnovationsInTesting.org](http://InnovationsInTesting.org)