

Hotel Deadline:
October 5, 2010

International Child & Adolescent Conference XV
Bridging Practices to Improve Academic and
Social Competence of Children & Youth

Nov. 4-6 ♦ Hilton MSP Airport/Mall of America - MN

2010 Conference Registration

PLEASE submit one registration form per participant (make copies if needed)

Name (first, last) _____

Organization _____

Street Address _____ Home Work

City _____ ST _____ ZIP/Postal Code _____ COUNTRY _____

Phone (office) _____ (home/mobile) _____

E-mail _____

REGISTRATION OPTIONS

Your registration fee entitles you to conference sessions, program, attendance certificate, 3 continental breakfasts, 2 lunches, 1 dinner & refreshment breaks. **REFUND POLICY:** All refunds will be subject to a **25% handling charge**. If you are unable to attend, submit notice in writing. **NO refund requests received after Oct. 1** will be honored.

Regular Conference	EARLY (by 10/1)	REGULAR (10/2 or later)	SUMMARY
<input type="checkbox"/> Presenter or CCBBD/NASP member # _____	\$245	\$270	_____
<input type="checkbox"/> Regular	\$280	\$305	_____
<input type="checkbox"/> Group Rate (5 or more)	\$200 each (must register by 10/1)		_____
<input type="checkbox"/> Thursday OR <input type="checkbox"/> Friday ONLY	\$160	\$185	_____
<input type="checkbox"/> Saturday ONLY	\$100	\$125	_____
<input type="checkbox"/> Full-time Student Rate*	\$150	\$175	_____

* Required for student rate: advisor must confirm full-time student status with fax on university letterhead to 651-483-3879 or email to info@behavioralinstitute.org. Student must present valid student ID at time of registration.

Parents of students with special needs - contact us for discounted rates

Thursday Workshop Selection

Thursday workshops are included with your registration fee. However, you must pre-register. Thursday lunch will be provided to workshop participants only. Please rank your workshop choices 1-3. Requests will be filled in the order they are received.

___ A - "Autism Spectrum Disorders: What We Know, What We Don't Know, and Where We're Going" with Dr. Juane Heflin

___ B - "Improving the Performance of Students with a Trauma History" with Robert Hull

___ C - "Elements of Effective Instruction: Essential & Practical Tools for Schools of the Future" with Dr. Richard West

PAYMENT INFORMATION

TOTAL \$ _____

USA Funds only please. Payable to Behavioral Institute for Children and Adolescents (Fed ID #41-1703237)

Check enclosed: check # _____ Purchase order enclosed: PO # _____

Credit/Debit Card: Number: _____

Exp. Date: ____/____ Verification Code (last 3/4 digits of number on back of card by signature): ____

Cardholder Name: _____

Billing Address: _____ ZIP: _____

Cardholder signature: _____

Return Top Portion to: Behavioral Institute for Children and Adolescents, 1711 Cty. Rd. B W, Suite 110S, Roseville, MN 55113, (phone) 651-484-5510, (fax) 651-483-3879, (e-mail) info@behavioralinstitute.org

LODGING Contact Hilton MSP Airport-Mall of America Directly



3800 American Blvd. East
Bloomington, MN 55425
Phone (952) 854-2100 or (800) 637-7453
Fax (952) 854-8002
www.msairport.hilton.com

Reservation Deadline - Oct. 5, 2010

Ask for our special conference rates:
Behavioral Institute for Children and Adolescents
CODE: BIA

\$102 single/double
(rates are per room/per night plus tax)