AED Academy for Eating Disorders

2012 ICED Registration Form

May 3 – 5, 2012
Clinical Teaching Day: May 2, 2012
Hilton Austin, Austin, Texas, USA

Type or print clearly, or attach your business card.

Register Today!
only on-site registrations will be accepted after April 12

Register online at: www.aedweb.org/AM
It's fast and secure!

First Name (Given Name, as you would like it to appear on your badge) | Last Name (Family Name) | Credentials

Organization

❑ Update my member profile with this information
❑ Do not post my name to the pre-registration list

Address

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

Phone (Business) | Fax | Email

After hours email or phone | Send additional copy of my email confirmation to

Emergency Contact Name | Emergency Contact Phone Number/Pager

Clinical Teaching Day Registration

	On or Before March 21	After March 21 and Onsite	
❑ AED Member	$170 US	$220 US	$_____
❑ Non-Member	$210 US	$265 US	$_____

ICED Registration

❑ AED Member	$580 US	$625 US	$_____
❑ Non-Member	$625 US	$675 US	$_____
❑ Student*	$360 US	$385 US	$_____
❑ Student Volunteer**	$150 US	$200 US	$_____
❑ Spouse/Guest (only available to those outside the eating disorders field)	$190 US	$240 US	$_____

Spouse/Guest Name _____

* Must submit a valid student ID
** Visit www.aedweb.org for volunteer paperwork. Limited opportunities. **Registration Total:** $_____

❑ Mentorship at ICED
❑ YES! I would like to have a Mentor. My primary area of interest is:_____
❑ YES! I would like to be a Mentor. My primary area of interest is:_____

Optional

❑ Invoice Fee (Unpaid registration requiring an invoice)	$40 US	$_____
❑ Continuing Education ❑ Members: $30 US ❑ Non-members	$45 US	$_____

If you are registering continuing education credits, indicate type of credit:
❑ CME: (Medical, Non-medical)
❑ CE: Counseling, Dietician, Drug/Alcohol, Marriage-Family, Nursing, Psychology, Social Work

❑ SIG Meeting Box Lunch, Thursday, May 3**	$15 US	$_____
❑ SIG Meeting Box Lunch, Friday, May 4**	$15 US	$_____
❑ AED Membership Dues***		$_____
❑ Scholarship Fund Donation****		$_____
❑ General Fund Donation****		$_____

** You DO NOT need to order lunch to attend the SIG Meetings. Lunch includes sandwich, chips, bottled water.
*** REMEMBER! Join AED and register at the member rate. Visit www.aedweb.org for details
**** Please consider a donation to support AED programs. (Tax deductable in the U.S.)

Payment

❑ Payment enclosed $_____
❑ Check (Make checks payable to: Academy for Eating Disorders. Funds must be in US dollars.)
❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Card Number | Expiration Date

Cardholder Name

Cardholder Signature

Credit Card Billing Address (if different from above)

Teaching Day Workshop Selection:

Indicate your preferred session with the letter of the workshop:

_____

You may change your session selection at any time. There is no need to contact AED.

ICED Workshop Selection:
Indicate the letter of the workshop you would like to attend in each session.

Workshop I (Thurs PM) _____
Workshop II (Fri AM) _____
Workshop III (Sat PM) _____

You may change your session selection at any time. There is no need to contact AED.

SIG Discussion Panel Selection:
Indicate the letter of the panel you would like to attend.

SIG Panel _____

Event Participation:
Check if attending the following event.

Saturday, May 5
❑ Award Ceremony/Business Meeting
❑ Closing Social Event

Pre-registration Policy: To be considered pre-registered, your registration, changes or replacement must be received by **April 12**. After this date, you must register on site. **Caution: If you submit your registration form more than once, it may result in a duplicate charge on your credit card. Send your registration using only one method of payment. Cancellation Policy:** Notification of cancellation must be submitted in writing. Cancellations received by **March 21,** will be refunded, less a $75 US cancellation fee. Cancellations will be honored but money will not be refunded after **March 21.** Substitutions are allowed at any time but must be submitted in writing and must be of the same member status. No telephone registrations please. Payment in US dollars only.

Special needs or dietary requests:
_____

Faxed registration forms that do not contain credit card information do not qualify as an early paid registration.

Mail or fax payment and registration to:
Academy for Eating Disorders
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Phone: +1-847-498-4274 Fax: +1-847-480-9282
Email: aed@aedweb.org