2013 International Conference on Eating Disorders ■ May 2 - 4, 2013 ■ Montréal, Québec, Canada
Clinical Teaching Day & Research Training Day ■ May 1, 2013

STUDENT VOLUNTEER REGISTRATION FORM

As an ICED volunteer, you will receive a registration discount. The prices below reflect this discount. Please complete this form and return it, with payment, to the Academy for Eating Disorders no later than **Wednesday, April 10, 2013**. Payment must accompany this form. AED accepts VISA, MasterCard, Discover and American Express. Checks must be in U.S. dollars only and made payable to the Academy for Eating Disorders.

First Name (Given name as you would like it to appear on your badge) **Last Name (Family Name)** **Email Address**

Institution **Phone (Business)** **After hours email or phone** **Fax**

Address **City** **State/Province** **ZIP/Postal Code** **Country**

Emergency Contact Name **Phone/Pager**

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

Send additional copy of my e-mail confirmation to _____

	On or before March 20	After March 20 and Onsite	
❑ Student Volunteer Registration *	$150 US	$200 US	$_____
❑ AED Member Clinical Teaching Day	$170 US	$220 US	$_____
❑ Non-Member Clinical Teaching Day	$210 US	$265 US	$_____
❑ AED Student Member Research Training Day	$ 50 US	$ 50 US	$_____

*Must submit a valid student ID

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	$_____
❑ SIG Meeting Box Lunch, Thursday, May 2 **	$ 15 US	$_____
❑ SIG Meeting Box Lunch, Friday, May 3**	$ 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 tax-deductible donation to support AED programs. (Tax deductible in the U.S.)

Total Fees: $_____

Complete this form and return it with a copy of a valid student identification and Student Volunteer Agreement by Wednesday, April 10, 2013 to:

Academy for Eating Disorders
111 Deer Lake Road, Suite 100
Deerfield, IL 60015 USA

AED Tax ID# 36-3929079
Phone: +1-847-498-4274 Fax: +1-847-480-9282
E-mail: aed@aedweb.org

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

Payment

❑ VISA ❑ Master Card ❑ Discover ❑ American Express
❑ Check (U.S. dollars only; payable to: Academy for Eating Disorders)

Name on Card **Card Number** **Expiration Date**

Signature **Billing Address (if different from above)**

Teaching Day Workshops: 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 / Paper Session I (Thurs PM) _____
Workshop II / Paper Session II (Thurs PM) _____
Workshop III / Paper Session III (Fri AM) _____
Workshop IV / Paper Session IV (Fri PM) _____
Workshop V (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 events. Saturday, May 4:
❑ Award Ceremony/Business Meeting
❑ Closing Social Event

AED Volunteer Registration Policies:
To participate in the student volunteer program, your registration, changes or replacement must be received by April 10, 2013. Telephone registrations cannot be accepted. Payment will be accepted in U.S. dollars only.

ICED Cancellation Policy: Notification of cancellation must be submitted in writing. Cancellations received before March 20, 2013 will be refunded, minus a $75 U.S. cancellation fee. Cancellations will be honored but money will not be refunded after March 20, 2013.

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.

Volunteers agree to work four (4) hours at the International Conference on Eating Disorders. Although every effort will be extended by the ICED Conference Committee to accommodate individual volunteer schedules, such accommodation may not always be possible. **Students will be confirmed on a first come, first served basis.** Failure to fulfill a volunteer obligation will result in forfeiture of the registration fee reduction.

Special needs or dietary requests:
_____

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STUDENT VOLUNTEER AGREEMENT

I, _____ agree to work 4 hours at the 2013 International Conference on Eating Disorders in exchange for a reduced registration fee. Although every effort will be extended by the ICED Conference Committee to accommodate volunteers' schedules, I understand that such accommodation may not always be possible and that, should time conflicts arise, I will be responsible for ensuring that my designated work shift will be covered. I also understand that failure to fulfill my obligation will result in forfeiture of the registration fee reduction.

_____

Student Volunteer Signature Date

Student Volunteer Schedule

Please indicate the times that would be most convenient for you to fulfill your 4 hour volunteer requirement by writing "first choice" and "second choice" in the appropriate boxes. Keep in mind that the volunteer program requires that your time be equivalent to a full four hours.

	Wednesday, May 1	Thursday, May 2	Friday, May 3	Saturday, May 4
10:00 a.m. – 2:00 p.m.				
1:00 p.m. – 5:00 p.m.				
2:00 p.m. – 6:00 p.m.*				
7:30 a.m. – 11:30 a.m.				
11:00 a.m. – 3:00 p.m.				
2:00 p.m. – 6:00 p.m.				

*Volunteering will involve collecting tickets for the Clinical Teaching Day Workshops and Research Training Day with access to a Clinical Teaching Workshop and Research Training Day at NO EXTRA COST.

Travel Itinerary

Provide ICED your travel itinerary. If you do not have firm arrival and departure times, offer an estimate.

Arrival: _____
Day Date Arriving at the hotel (time)

Departure: _____
Day Date Departing the hotel (time)

Are you presenting a paper/poster during the conference? ❑ **Yes** ❑ **No**

If yes, please indicate day and time: _____

Are you interested in taking photographs? ❑ **Yes** ❑ **No**

Return this form with a copy of a valid student identification and your Student Volunteer agreement to AED no later than Wednesday, April 10, 2013.

www.aedweb.org