

## WPA Convention Single Payment Multiple Registration Form

Billing Address: Street or P.O. Box: City:					
Street or P.O. Box: City:					
City:					
	State:	Zie Cada			
	City: State: Zip Code:				
gistrant Information: Place an X in applicable column:					
gistrant First & Last Name	Email Address	Student \$75	Professional MemberWPA \$75	Professiona Non-Memb \$150	

1211 Connecticut Ave. NW Suite 650, Washington, DC 20036

Questions? Contact Vera Medici at <u>vmedici@westernpsych.org</u> or call (619)677-5990.