



ADDA 13th National Conference
Adult AD/HD: People, Purpose & Passion • "Pathways for Success"
July 10-13, 2008 • Hyatt Regency Minneapolis • Minneapolis, Minnesota

Helping Adults with AD/HD Lead Better Lives

Registration:

- I am an ADDA Member
I am not an ADDA Member, I have completed the membership section and I am registering as a Member at reduced registration rates (Membership Section Must be Completed and Membership Dues Must be Included)
I am not an ADDA Member and will register as a non-member

Registrant Information:

Name: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Identify the above address: [] Work [] Home

Phone: _____ [] Work [] Home

Email: _____ [] Work [] Home

Tell us about yourself! Please check all that apply:

- Adult with AD/HD
Teen or Adolescent with AD/HD
Parent of AD/HD Child
Spouse/Significant other AD/HD Adult
Physician
Teacher or School Administrator
Psychologist
AD/HD Coach
Other Treatment Professional
Other _____

How did you hear about this event?

- Colleague
Flyer/Poster
Local Support Group
School or Educational Institution
Internet
Attended Previous Year
Received an Email
Other _____

Late Registration Fees (After June 23rd) Please select one of the following:

Full Conference:

- ADDA Member \$399
Non-Member \$449
Student \$199

Two Days Only:

- ADDA Member \$349
Non-Member \$399
Student \$140

One Day Only:

- ADDA Member \$249
Non-Member \$299
Student \$90

Please note which days: _____

Please note which day: _____

- Friday Night Dinner \$65 Advance Purchase
Continuing Education \$50

TOTAL DUE: \$ _____

Membership Application:

Annual Membership Dues: (Please check one)

- \$45 Individual Membership
\$55 Family Membership (members of immediate family and/or same household)
\$150 Professional Membership

TOTAL DUE \$ _____

Payment Information: Make checks payable to ADDA or pay via credit card. Do not send cash!

- Check (U.S. Funds Only)

Charge my: [] Visa [] MasterCard [] American Express

Credit card number: _____ Expiration ____/____

Cardholder Name _____ Signature _____

TOTAL ENCLOSED \$ _____

Registration Fee (and Membership Fee if applicable)

Cancellation Policy: Cancellations received by June 20, 2008 will receive a full refund minus \$25 USD. No refunds will be available after that time.

Mail or fax this form with your payment information to: ADDA Registration Coordinator, 15000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054, Phone: 856-439-0500 ext. 4429, Fax: 856-439-0525. Register online at www.add.org