

2010 RSA ANNUAL SCIENTIFIC MEETING -- REGISTRATION FORM

June 26-30 San Antonio, Texas

NAME: _____ DEGREE: _____
 INSTITUTION/AFFILIATION: _____
 AFFILIATION ADDRESS: _____
 CITY: _____ STATE/COUNTRY: _____
 POSTAL CODE - ZIPCODE: _____
 PHONE NUMBER: _____ FAX NUMBER: _____
 E-MAIL: _____

- ARE YOU A RSA MEMBER?** ___ YES ___ NO ___ APPLICATION PENDING*
*(Must be received by the April 1 deadline)
- ARE YOU A __STUDENT? __ POST-DOC? – Verification from non-members required – see below**
 Is this your first RSA Meeting? ___ YES ___ NO
 Would you like a mentor at the meeting? ___ YES ___ NO
- DO YOU PLAN TO APPLY FOR CEU/CEC CREDITS?** ___ YES
 There is an additional \$30 fee for CEUs (Psychologists) or CECs (Social Workers).
This fee should be paid when you sign up for credits at the meeting
Sorry, but CMEs (Physicians) will not be available this year.

EARLY REGISTRATION FEES: EARLY REGISTRATION DEADLINE: May 7, 2010
RSA TAX I.D. #: 84-0893073

LATE REGISTRATION FEES: Registrations received after May 7 will require late fees as outlined below.

RSA MEMBERS

NON-RSA MEMBERS

___ Graduate Student / Member ~~~~~ \$150	___ Graduate Student* / Non-Member ~ \$200
___ Post-Doc / Member ~~~~~ \$250	___ Post-Doc** / Non-Member ~~~~~ \$400
___ RSA Regular Member ~~~~~ \$400	___ Non-RSA Members ~~~~~ \$500
___ Other _____ \$ _____	___ Oral Presentation Speakers*** ~~~~~ \$400

* **STUDENTS:** A verification letter (one per registrant) from your Professor or Department Head, stating that you are enrolled as a full-time student in a graduate program, is required. You may substitute a clear copy of your current school I.D. Card for the verification letter.

** **POST-DOCS:** A letter verifying the registrant is no more than four (4) years past their Ph.D. or M.D. at the time of the meeting is required.

*** **SPEAKERS:** Symposium/workshop/roundtable speakers can register at the member's rate or the daily \$100 rate. Please provide the name of the Organizer of the presentation _____.
 This fee category does not include poster presenters.

DO NOT FILL OUT THE FOLLOWING BOX UNLESS YOU ARE ORDERING EXTRA TICKETS FOR GUESTS!!
EXTRA MEAL/EVENT TICKETS - FOR NON-REGISTRANTS

_____/_____ (# of adult/child)	Meal Packet (4 Continental, Reception, Closing, poster / coffee breaks.) NAME(s) _____	<u>ADULT/ CHILD</u> \$250./\$125.
_____/_____ (# of adult/child)	Opening Reception/Bufferet (June 26) NAME(s) _____	\$ 70./\$ 35.
_____/_____ (# of adult/child)	Closing Ceremony (June 30) NAME(s) _____	\$ 90./\$ 45.

For Office Use Only

Date rec'd _____ Confirm Sent _____ Total rec'd \$ _____
 Check: P C Purchase Order Bank Transfer Visa MasterCard Discover

CREDIT CARD PAYMENT FORM FOLLOWS THE TERMS AND CONDITIONS BELOW.
A CONFIRMATION/RECEIPT WILL BE SENT TO ALL REGISTRANTS.
FAXES ARE ACCEPTABLE WITH CREDIT CARD PAYMENT ONLY.
PLEASE DO NOT SEND REGISTRATION IN MULTIPLE FORMS (i.e., online, mail and fax).

TERMS AND CONDITIONS FOR RSA REGISTRATIONS:

REGISTRATION FEE INCLUDES: Admission to all scientific sessions, Final Program and the following meals/events: 4 Continental breakfasts (6/27 -6/30), Opening Reception (6/26), the Closing Ceremony (6/30), coffee breaks and Poster Session refreshments. There are no lunches included in the registration. **TO RECEIVE THE FINAL PROGRAM PACKET AND EVENT TICKETS, YOU MUST CHECK IN AT THE RSA REGISTRATION DESK AT THE HOST HOTEL.**

PAYMENT / DEADLINE: Registration form and corresponding check, money order, purchase order, credit card (Visa, Mastercard or Discover **only**) or **proof** of wire transfer must be received by **May 7, 2010** to qualify for early registration rates. For credit card payment - use the enclosed form or provide pertinent information (number, expiration date, and name on card, signature, and amount) on letterhead. IF YOU PAY WITH A BANK/WIRE TRANSFER, YOU MUST PAY THE SERVICE CHARGES. UNLESS PAYING BY CREDIT CARD, FAXES ARE NOT ACCEPTABLE TO MEET THE DEADLINE. **MAKE CHECKS PAYABLE (in U.S. dollars drawn on a U.S. bank) TO:** Research Society on Alcoholism.

Registrations will not be considered as meeting the deadline until payment and all required information (i.e., letters) have also been received.

MEMBER'S REGISTRATION FEE: Member's dues must be current to receive the member's registration rate. Contact the RSA office if you have questions about your dues.

LATE REGISTRATION FEES: Registrations received from **MAY 8 – MAY 31** add an additional **\$75**. Registrations received from **JUNE 1 - JUNE 21** add an additional **\$100**. **On-site** registrations will include a **\$125** late fee and are not guaranteed all of the meeting handouts.

THE RSA OFFICE WILL CLOSE FROM JUNE 23 – JULY 5 – e-mails will be answered as often as possible.

REFUND POLICY: Cancellations made by JUNE 11, 2010 will receive a refund of their registration fee minus a \$50 handling fee. Cancellations made after JUNE 11, 2010 will not be refunded. **CANCELLATIONS MUST BE MADE IN WRITING (mail, fax or e-mail).**

MAIL REGISTRATION FORM TO: RSA, 7801 N. Lamar Blvd., Suite D-89, Austin, Texas 78752

FOR MORE INFORMATION: 512-454-0022; 512-454-0812 (fax); or debbyrsa@sbcglobal.net.

RSA MEETING CREDIT CARD PAYMENT FORM

This is not the registration form - only the form for credit card information - please send with the official registration form. All registration fees are in U.S. Dollars.

Name: _____ E-Mail: _____

Phone: _____ Fax: _____

IF USING ONE CREDIT CARD FORM FOR MORE THAN ONE REGISTRANT PLEASE LIST ALL NAMES BELOW:

Names: _____

PLEASE INDICATE HOW MANY OF EACH OF THE FOLLOWING:

MEMBERS:

____ Graduate Student (\$150)
____ Post-Doc Member (\$250)
____ RSA Member (\$400)
____ Other (\$ _____)

NON-MEMBERS:

____ Graduate Student (\$200)
____ Post-Doc non-Member (\$400)
____ Non-RSA Member (\$500)
____ Presentation Speaker (\$400)

LATE FEES:

____ 5/8-5/31 (add \$75)
____ 6/1-6/21 (add \$100)
____ On-site (add \$125)

EXTRA EVENT TICKETS:

____ Meal Packet (\$250/\$125)
____ Reception (\$70/\$35)
____ Closing [\$90/\$45]

Please charge my credit card: CREDIT CARD NUMBER: _____ - _____ - _____ - _____

(_VISA_MasterCard_Discover) EXPIRATION: _____ NAME ON CARD: _____

for a Total Charge of \$ _____.

SIGNATURE: _____

BILLING STREET ADDRESS: _____

BILLING ZIPCODE: _____

PHONE NUMBER OF CARD HOLDER: _____

E-MAIL ADDRESS OF CARD HOLDER: _____

RETURN THIS FORM WITH YOUR REGISTRATION(S) TO THE RSA OFFICE:

7801 N. Lamar Blvd, D-89, Austin, Texas 78752
FAX – 512-454-0812 or debbyrsa@sbcglobal.net