



BECOME A CalABA MEMBER TODAY!

The California Association for Behavior Analysis (CalABA) is dedicated to the advancement of behavior analysis through research, education and service. CalABA is an Affiliated Chapter of the Association for Behavior Analysis International (ABA) and an affiliate of the Association of Professional Behavior Analysts (APBA).



Membership Categories

CalABA membership is open to all persons interested in or actively engaged in teaching, research, or application of the principles of behavior analysis. There are six membership categories:

- (1) **Professional**—Any person holding a bachelor's degree or above in any field and who works full or part-time in behavior analysis.
- (2) **Certified**—Any person meeting the criteria for Professional member who is also certified by the Behavior Analyst Certification Board, Inc.
- (3) **Student**—Any person classified as a student in a program of study leading to a degree in behavior analysis or a related discipline. Application for membership in this category must be accompanied by certification of the student status of the applicant by a member of the faculty of the program in which the student is enrolled.
- (4) **Associate**—Any person holding a bachelor's degree or above in any field and who works full or part-time in a field other than behavior analysis.
- (5) **Affiliate**—Any individual with an interest in behavior analysis who does not qualify for Professional, Certified, Associate, or Student membership.
- (6) **Lifetime**—Any individual recognized by the Board of Directors for sustained contributions to CalABA and the field of behavior analysis. Lifetime members shall receive free membership in the organization in perpetuity.

The designation "Supporting" shall be prefixed to the membership designation of any individual in any of the preceding categories who pays additional annual dues of \$50.

Donations

CalABA depends on the generous support of our donors. Please consider supporting CalABA at one of the following levels:

<i>Level</i>	<i>Organization</i>	<i>Professional</i>
Platinum	<input type="radio"/> \$4,000 and up	<input type="radio"/> \$400 and up
Gold	<input type="radio"/> \$2,000 - \$3,999	<input type="radio"/> \$200 - \$399
Silver	<input type="radio"/> \$1,000 - \$1,999	<input type="radio"/> \$100 - \$199
Bronze	<input type="radio"/> \$500 - \$999	<input type="radio"/> \$50 - \$99
OTHER	<input type="radio"/> \$ _____	<input type="radio"/> \$ _____

Your donations to CalABA are not deductible as charitable contributions.

DONATION (transfer to conference registration form): \$ _____

For more information, please visit the membership page on the CalABA website at www.calaba.org/membership.shtm



2009 CalABA MEMBERSHIP APPLICATION

January 1, 2009 - December 31, 2009

PLEASE PRINT AND ATTACH TO CONFERENCE REGISTRATION FORM

OR JOIN ONLINE AT WWW.CALABA.ORG

Name: _____

Affiliation: _____

Address: _____

COUNTY: _____

City/State/Zip/Country: _____

PHONE (please include area and/or country codes):

Work Phone: _____ Home Phone: _____ Fax: _____

Email: _____

- I am also a current member of ABA International
- I prefer a hard copy of the CalABA Newsletter
- Do not list me in the online directory (name, county, email only)
- Do not share my contact information w/ other professional organizations

Position Title—please check the one box that most closely describes your job title:

- 01 Behavior Analyst
- 02 Administrator
- 03 Student
- 04 Consultant/Staff Trainer
- 05 Professor/Academic
- 06 Psychologist/Therapist
- 07 Researcher
- 08 Social Worker
- 09 Speech-Language Pathologist
- 10 School Teacher
- 11 Retired
- 00 Other _____

Primary Activity—please check the one box that most closely describes how you spend the majority of your time at work:

- 01 Administration
- 02 Clinical
- 03 Consulting/Staff Training
- 04 Research
- 05 Student
- 06 Teaching
- 07 Speech-Language Pathologist
- 00 Other _____

Primary Discipline—please check the one box that most closely describes the field in which you work or study:

- 01 Behavior Analysis
- 02 Communication Disorders
- 03 Education
- 04 Medicine
- 05 Organizational Management
- 06 Pharmacology
- 07 Clinical Psychology
- 08 Social Work
- 09 Animal Behavior
- 00 Other _____

Degree held (list most recent degree received): Degree _____ Year _____

Professional license or certification: Yes No

- 01 BCBA
- 02 BCABA
- 03 MFT
- 04 School Psychologist
- 05 Educational Psychologist
- 06 Clinical Psychologist
- 07 Teacher
- 08 LCSW
- 09 Speech-Language Pathologist
- 00 Other _____

License/certificate number(s), if applicable: _____

Membership Fees: (Select one and transfer amount to conference registration form.)

- Certified (~~\$70~~) \$75
- Affiliate (~~\$40~~) \$45
- Add Supporting designation to any membership: additional \$50
- Professional (~~\$80~~) \$85
- Student (~~\$35~~) \$40
- Associate (~~\$80~~) \$85

(\$5 assessment added to support public policy work; additional donations encouraged but not tax deductible.)
(Transfer total amount to conference registration form.)

Verification of Student Status:

I, _____, certify that _____

is a full-time student at _____.

Faculty Signature _____ Date _____

METHOD OF PAYMENT

Please make checks payable to CalABA in U.S. dollars through a U.S. bank, or charge to your:

- MasterCard
- Visa
- American Express
- Discover

Name (as it appears on card): _____ Exp. Date: _____

Card #: _____ Signature: _____

Please mail/fax completed form to:

CalABA

630 Quintana Road, #118 • Morro Bay, CA 93442

Fax: (888) 518-7586 • Phone: (877) 843-0510 • membership@calaba.org • www.calaba.org

2009 CALABA CONFERENCE REGISTRATION FORM



27th Annual Western Regional Conference on Behavior Analysis

March 12 – 14, 2009

Hyatt Regency San Francisco Airport • Burlingame, California

Online registration is strongly encouraged. It's fast and easy! Please go to www.calaba.org or complete and mail this form by February 24, 2009 to take advantage of the early registration discount.

Please print or type. This information will be used for your conference name badge.

(Conference registration form is continued on next page)

First Name: _____ Middle Initial: _____ Last Name: _____

Degrees: _____

Title: _____

Organization: _____

Org. Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Alternative Mailing Information

Home Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

If you are a family member of someone who receives or has received applied behavior analysis services, how did you learn about the CalABA conference?

Flyer Email notification Website advertisement Other: _____

Have you ever attended a behavior analysis conference before? Yes No

Conference Fees

You must be a current member of CalABA to be eligible for member conference registration rates. If you have not paid your 2009 membership fees and would like to become a member, please also complete the membership application included in this brochure, or renew online at www.calaba.org. Please note that membership categories have been revised recently; see the membership application. Group conference registration rate applies to Certified, Professional, and Associate members only; groups of six or more. All group registrations must be complete and submitted together. Register early and save!

Please circle registration fee to indicate choice.

Full Conference

	By Feb. 24	Feb. 25 – March 4	On site only (after March 4)
CalABA Members			
Certified, Professional, Associate	\$190	\$240	\$265
Student	\$80	\$90	\$115
Affiliate	\$115	\$140	\$165
Group	\$165	\$215	N/A
Non-Members			
U.S. Residents	\$265	\$315	\$340
Non-U.S. Residents	\$190	\$240	\$265

One Day Only (please mark which day you will attend)

	By Feb. 24	Feb. 25 – March 4	On site only (after March 4)
CalABA Members			
Certified, Professional, Associate	\$115	\$140	\$165
Student	\$65	\$70	\$90
Affiliate	\$90	\$100	\$115
Non-Members			
U.S. Residents	\$165	\$190	\$215
Non-U.S. Residents	\$115	\$140	\$165

Total: _____

EARLY ATTENDEE REGISTRATION DEADLINE: FEBRUARY 24, 2009

2009 CONFERENCE REGISTRATION FORM

Workshop Registration

You must register for the conference in order to register for a workshop. Pre-registration for workshops is strongly encouraged, as space is limited and workshops will be filled on a first-come, first-served basis. Descriptions of all workshops and availability of continuing education units may be viewed at www.calaba.org

FEES: 6-hr workshop: \$60; 3-hr workshop: \$35; additional flat fee of \$60 for processing continuing education units (no maximum), where applicable.

CE:	Continuing Education
BACB:	Behavior Analyst Certification Board
MCEP:	Mandatory Continuing Education Program for Psychologists
BBS:	Board of Behavioral Sciences
SLPAB:	Speech-Language Pathology & Audiology Bureau

Program Areas

AUT:	Autism
CM:	Clinical and Medical
DD:	Developmental Disabilities
ED:	Education
EXP:	Experimental
PEL:	Professional, Ethical, & Legal
OBM:	Organizational Behavior Management

Workshop Levels

Intro:	Introductory
Intermed:	Intermediate
Adv:	Advanced

Saturday, March 14, 2009 • 9:00 a.m. – 12:00 p.m.

- 1: Behavioral Parent Training: What to Do and How to Do It (Allen)
CM – Intermed • CE: BACB; MCEP pending • Fee: \$35
- 2: Treatment Integrity: Methods for Effective Behavioral Intervention (Normand)
PEL, CM – Intermed • CE: BACB • Fee: \$35
- 3: Class-wide Function-Based Intervention Plans (Conklin)
ED – Adv • CE: BACB • Fee: \$35
- 4: Critical Features of Intensive Behavior Analytic Intervention for Children with Autism (Ross-Owens)
AUT, ED – Intermed • CE: BACB, SLPAB • Fee: \$35
- 5: Assessment and Treatment of Feeding Problems in Autism (Piazza)
AUT, DD – Intermed • CE: none • Fee: \$35

Saturday, March 14, 2009 • 1:00 p.m. – 4:00 p.m.

- 6: Identifying Contingent Relations from Observational Data Using Contingency Space Analysis (Martens)
DD, ED – Intermed • CE: BACB • Fee: \$35
- 7: Obtaining Health Insurance Coverage of ABA Intervention for Autism (Green & Larsson)
AUT, PEL – Intro • CE: BACB • Fee: \$35
- 8: Using Excel for Analyzing Treatment Outcomes in Applied Settings (Stenhoff)
DD, ED – Intro • CE: BACB • Fee: \$35
- 9: Functional Analysis and Treatment of Destructive Behavior (Fisher)
AUT, DD – Intermed • CE: BACB • Fee: \$35
- 10: Using Technology in Your ABA Programs for Children with Autism (Manya)
AUT, DD – Intro • CE: None • Fee: \$35

Saturday, March 14, 2009 • 9:00 a.m. – 4:00 p.m.

- 11: Making Training Videos Using Software You Probably Already Have (Wagner)
CM, PEL – Intermed • CE: BACB • Fee: \$60
- 12: A Step-by-Step Guide: Assessing, Designing, and Implementing Effective Behavior Plans (Rios)
PEL, DD – Intermed • CE: BACB, BBS • Fee: \$60
- 13: Designing a Language Intervention Program Based on the VB-MAPP (Sundberg)
VB, AUT – Intermed • CE: BACB, SLPAB; MCEP pending • Fee: \$60

REGISTER ONLINE AT WWW.CALABA.ORG

2009 CONFERENCE REGISTRATION FORM

Student Volunteer Opportunities

Students, volunteer at the conference and save \$\$! Here's how:

- Register in advance, pay the registration fee, and indicate your availability to volunteer on the registration form where indicated
- Work 8 hours at the conference and receive a full refund of the registration fee (\$80)
- Work 4 hours at the conference and receive a refund of 1/2 the registration (\$40)
- Availability:

Thursday

- A.M.
 P.M.

Friday

- A.M.
 P.M.

Saturday

- A.M.
 P.M.

Fee Payment Worksheet

Conference registration \$ _____

Workshop registration..... \$ _____

Continuing Education Fee (\$60 to process any number of CEUs; \$20 supports public policy work). \$ _____

Check all applicable credentials or categories:

- BACB MCEP BBS SLPAB

License or certification number and category

- BCBA _____
 BCABA _____
 Psychologist _____
 LCSW _____
 MFT _____
 SLP _____

Conference lunch (\$10; \$5 supports public policy work) \$ _____

Membership dues \$ _____

Donation (optional, not tax deductible) \$ _____

TOTAL AMOUNT SUBMITTED **\$ _____**

Payment Method

- Check enclosed (payable to CalABA in US dollars) Check # _____ Amount \$ _____
If you pay by check you must register by mail (see mailing address below) and include the check. If you include an email address, we will notify you when the form and check are received. Email: _____

- Charge my:
 Visa Mastercard American Express Amount \$ _____
Card #: _____ Exp. Date: _____
Signature: _____

Cancellations

Cancellations must be received in writing and are subject to a \$25 fee. After **March 4, 2009** substitutions will be accepted, but refunds will not be provided. No-shows will be billed the full registration fee. No refunds after **March 4, 2009**.

Three easy ways to register:

- 1) Online (preferred) at: www.calaba.org
- 2) Fax: (888) 518-7586
- 3) Mail Registration to: California Association for Behavior Analysis
630 Quintana Rd., #118
Morro Bay, CA 93442



EARLY ATTENDEE REGISTRATION DEADLINE: FEBRUARY 24, 2009