



2011 CalABA MEMBERSHIP APPLICATION

January 1, 2011 - December 31, 2011

PLEASE PRINT AND ATTACH TO CONFERENCE REGISTRATION FORM

OR JOIN ONLINE AT 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:

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

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

- | | | |
|--|-----------------------------------|--|
| <input type="radio"/> 01 Administration | <input type="radio"/> 04 Research | <input type="radio"/> 07 Speech-Language Pathologist |
| <input type="radio"/> 02 Clinical | <input type="radio"/> 05 Student | <input type="radio"/> 00 Other _____ |
| <input type="radio"/> 03 Consulting/Staff Training | <input type="radio"/> 06 Teaching | |

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

- | | | |
|--|--|--|
| <input type="radio"/> 01 Behavior Analysis | <input type="radio"/> 05 Organizational Management | <input type="radio"/> 09 Animal Behavior |
| <input type="radio"/> 02 Communication Disorders | <input type="radio"/> 06 Pharmacology | <input type="radio"/> 00 Other _____ |
| <input type="radio"/> 03 Education | <input type="radio"/> 07 Clinical Psychology | |
| <input type="radio"/> 04 Medicine | <input type="radio"/> 08 Social Work | |

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

Professional license or certification: Yes No

- | | | |
|--|---|--|
| <input type="radio"/> 01 BCBA | <input type="radio"/> 05 Educational Psychologist | <input type="radio"/> 09 Speech-Language Pathologist |
| <input type="radio"/> 02 BCaBA | <input type="radio"/> 06 Clinical Psychologist | <input type="radio"/> 00 Other _____ |
| <input type="radio"/> 03 MFT | <input type="radio"/> 07 Teacher | |
| <input type="radio"/> 04 School Psychologist | <input type="radio"/> 08 LCSW | |

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

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

- | | | |
|---|---|--|
| <input type="radio"/> Certified (\$75) | <input type="radio"/> Professional (\$85) | <input type="radio"/> Associate (\$85) |
| <input type="radio"/> Affiliate (\$45) | <input type="radio"/> Student (\$40) | |
| <input type="radio"/> Add Supporting designation to any membership: additional \$50
(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 #: _____ CSC #: _____ 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 • calaba.org

2011 CALABA CONFERENCE REGISTRATION FORM



California Association for Behavior Analysis
**29th Annual Western Regional Conference
 on Behavior Analysis**

February 17 – 19, 2011
 Hyatt Regency San Francisco Airport • Burlingame, California

Online registration is strongly encouraged. It's fast and easy! Please go to calaba.org or complete and mail or fax this form by January 28, 2011 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: _____

E-mail: _____

Conference Fees

You must be a current member of CalABA to be eligible for member conference registration rates. If you have not paid your 2011 membership fees and would like to become a member, please also complete the membership application included in this brochure, or renew online at 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 6 or more. All group registrations must be complete and submitted together. Register early and save!

Please circle registration fee to indicate choice.

FULL CONFERENCE

CalABA Members

Jan. 29–Feb. 4 On-site only
 (after February 4)

Certified, Professional, or Associate	\$240	\$265
Student	\$90	\$115
Affiliate	\$140	\$165
Group	\$215	N/A

Non-Members

Jan. 29–Feb. 4 On-site only
 (after February 4)

U.S. Residents	\$315	\$340
Non-U.S. Residents	\$240	\$265

ONE DAY ONLY *(please mark which day you will attend)*

Thursday 2/17 Friday 2/18 Saturday 2/19

CalABA Members

Jan. 29–Feb. 4 On-site only
 (after February 4)

Certified, Professional, or Associate	\$140	\$165
Student	\$70	\$90
Affiliate	\$100	\$115

CalABA Members

Jan. 29–Feb. 4 On-site only
 (after February 4)

U.S. Residents	\$190	\$215
Non-U.S. Residents	\$140	\$165

TOTAL:

EARLY ATTENDEE REGISTRATION DEADLINE: JANUARY 28, 2011

2011 CALABA 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 calaba.org.

Saturday, February 19, 2011 • 9:00 a.m.–12:00 p.m.

- 1: **Successful Inclusion Practices for Students with Autism Spectrum Disorder (De Boer)**
AUT, ED – Intermed • CE: BACB • Fee: \$35
- 2: **Visual Strategies Across the Spectrum (Crye)**
AUT, ED – Intro • CE: BACB • Fee: \$35
- 3: **Invited Workshop: Public Policy & Leadership Track (title to be determined) (Unumb)**
PEL – Intro • CE: BACB • Fee: \$35
- 4: **Incorporating ABA Principles in Meeting Developmental and Communication Goals (Wade)**
AUT, VB – Intermed • CE: BACB, SLPAB • Fee: \$35
- 5: **Collaboration and Consultation: Practice in Applied Settings (Carpenter)**
ED, DD – Intermed • CE: BACB, BBS, SLPAB • Fee: \$35

Saturday, February 19, 2011 • 1:00 p.m.–4:00 p.m.

- 9 **Obtaining Health Insurance Coverage of ABA Intervention for Autism (Green)**
AUT, PEL – Intro • CE: BACB • Fee: \$35
- 7: **Maximizing Motivation During ABA-Based Interventions (Kenzer)**
DD, ED – Intro • CE: BACB • Fee: \$35
- 8: **Effective Strategies for Preschool Teachers in General and Special Education Settings (Surfas)**
ED, AUT – Intermed • CE: BACB • Fee: \$35
- 6 **Ethical Considerations for Clinical Applied Behavior Analysts (Sellers) **MOVED TO AM****
PEL – Advanced • CE: BACB • Fee: \$35
- 10: **Invited Workshop: Workshop on Single-Case Research Designs (Iversen)**
DD/AUT – Intermed • CE: BACB • Fee: \$35

SEE WORKSHOPS PAGE ONLINE FOR MOST CURRENT INFORMATION:

<http://calaba.org/2011Conf/workshops.shtm>

Saturday, February 19, 2011 • 9:00 a.m.–4:00 p.m.

- 11: **Developing and Evaluating Interventions Using a Research-Based Approach (Whalen)**
EXP, AUT – Intermed • CE: BACB, BBS, SLPAB • Fee: \$60
- 12: **Practical Applications of RFT to EIBI Programs: Training Generative Verbal Behavior (Ming)**
VB, AUT – Adv • CE: BACB • Fee: \$60
- 13: **A Verbal Behavior Approach to Language Assessment and Intervention (Sundberg)**
VB, AUT – Intro • CE: BACB, BBS, SLPAB • Fee: \$60
- 14: **Invited Workshop: The Psychology of Self-Motivation: Bringing Out the Best in Yourself and Others (Geller)**
OBM – Intro • CE: BACB • Fee: \$75 (Note: The higher fee for this workshop covers the cost of the book by E. Scott Geller required for the workshop, *When No One's Watching* (2010). A copy of the book will be provided to each workshop attendee.)

Workshop Fees

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

Workshop Key

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 Board

Program Areas

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

Workshop Levels

Intro:	Introductory
Intermed:	Intermediate
Adv:	Advanced

REGISTER ONLINE AT CALABA.ORG

2011 CALABA 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 Friday Saturday
 A.M. A.M. A.M.
 P.M. P.M. P.M.

Fee Payment Worksheet

Conference registration \$ _____

Workshop registration \$ _____

Continuing Education Fee (\$60 to process any number of CEUs). \$ _____

Check all applicable credentials or categories:

- BACB MCEP BBS SLPAB

License or certification number and category

- BCBA _____ LCSW _____
 BCaBA _____ MFT _____
 Psychologist _____ SLP _____

Continuing Education Fee (\$60 to process any number of CEUs). \$ _____

Conference lunch (\$10) **SOLD OUT - MORE TICKETS MAY BE AVAILABLE ONSITE - PLEASE CHECK AT REGISTRATION DESK.**

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 #: _____ CSC #: _____ Exp. Date: _____

Signature: _____

Cancellations

Cancellations must be received in writing and are subject to a \$25 fee. After February 4, 2011 substitutions will be accepted, but refunds will not be provided. No-shows will be billed the full registration fee. No refunds after February 4, 2011.

Registration

There are three ways to register:

ONLINE: calaba.org (preferred)

FAX: (888) 518-7586

MAIL TO: CalABA
630 Quintana Road, #118
Morro Bay, CA 93442



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