

54th Annual Convention | Virtual

ABCT • November 17–22, 2020

FOR OFFICE USE ONLY

Member Student Member Comm Practitioner
Postbac Nonmember Student Nonmember Comp

- If paying by credit card (Visa, MasterCard, or American Express) register on-line at www.abct.org or by fax (212-647-1865)
- If paying by check, mail for arrival date of November 13 to:
ABCT, 305 Seventh Avenue, 16th floor, New York, NY 10001

→ **Member number:** _____
 → **Primary email:** _____
Day Phone: _____ **Cell:** _____

→ Badge Information (please print)

| | |
|-------------|----------------|
| First Name | Last Name |
| Pronouns | |
| Institution | Highest Degree |

Here's how it works:

Pre-Convention events (see **B–E** below) take place on Tuesday and Wednesday and are TICKETED sessions.

Workshops (**F** below) are also TICKETED sessions, but they take place Tuesday through Saturday.

General Registration gives you access to all of the Symposia, Clinical Round Tables, Posters, Panel Discussions, Special Sessions, Invited Addresses, Tuesday through Saturday. These sessions do not require tickets. If you want to attend the General Convention only, fill in area **A** on the reverse. If you also want to attend ticketed sessions, mark your choices below and complete the registration form on the reverse.
 Or: **register on-line at www.abct.org**

→ Mailing Information

Department or Program _____
 Institution _____
 Address _____
 City _____ State/ Province _____ Zip Code _____

Check here if you require special accessibility or accommodations.
 Please email any special requirements to convention@abct.org

Pre-Convention Activities

PLEASE CHECK DESIRED SESSIONS

B Clinical Intervention Trainings

- CIT 1:** Mobile Apps for Mental Health (S. Schueller)
- CIT 2:** SPACE: Parent-Based Tx for Children (E. Lebowitz)

C AMASS

- AMASS 1:** Analyzing Longitudinal Data During Coronavirus (Wong)
- AMASS 2:** Open Science Practices for Researchers (Schleider & Mullarkey)

D Institutes

7-hour | 10:30 p.m.–5:00 p.m.

- Ins 1:** Optimizing Exposure Therapy for Anxiety

5-hour | 1:00 p.m.–6:00 p.m.

- Ins 4:** Intro to Process-Based CBT
- Ins 5:** Interpersonal Psychotherapy for Adolescents
- Ins 8:** Teen Sleep Treatments

E Master Clinician Seminars

- MCS 1:** Stanley-Brown Safety Planning/Suicide
- MCS 2:** Envy: A CBT Approach
- MCS 3:** Disgust in Anxiety & OCD
- MCS 4:** Psychologists & Social Media
- MCS 5:** Programs for ADHD in Children
- MCS 6:** Role of Worksheets in CBT Competence

Please indicate number of your first and second choices here:

1st choice:

Ins _____

2nd choice:

Ins _____

| | | | | |
|---|------------|------------|------------|------------|
| M | 1st Choice | 2nd Choice | 3rd Choice | 4th Choice |
| C | | | | |
| S | | | | |

TOTAL TICKETS _____

Convention

For a listing of Workshops, go to **Ticketed Sessions** at www.abct.org/conv2020

F Workshops

Please insert the workshop numbers (i.e., “4” for Workshop 4) for those you wish to attend. Also note the total number of tickets desired and use that number on the reverse. Because workshops fill early, PLEASE list alternative choices.

| | | | | |
|---|----------|------|------------|------------|
| w o r k s h o p s | Day | Time | 1st Choice | 2nd Choice |
| | FRIDAY | AM | | |
| | | PM | | |
| | SATURDAY | AM | | |
| PM | | | | |

TOTAL TICKETS _____

Specialty (please check one) Psychology Addictions Counseling
 Counseling Social Work School/Education Psychiatry
 Primary Care Marriage & Family Therapy
 Other _____
Level (Please check one) Professional Student

■ No refunds will be honored.
 ■ Student rates are for full-time students, residents, or interns: please send ID to verify your status as a student.

Register

| | * ABCT Member | Non-Member | * ABCT Student Member | Student Non-Member | * Post-Baccalaureate Professional Member | **Professional Community Practitioner | # Tickets | Total |
|---|---------------|------------|-----------------------|--------------------|--|---------------------------------------|----------------------|----------------------|
| A Registration | \$299 | \$599 | \$99 | \$169 | \$125 | \$125 | | |
| <i>Indicate Choices on Reverse</i> | | | | | | | | |
| B Clinical Intervention Trainings | | | | | | | | |
| CIT 1 (Schueller) | \$175 | \$230 | \$140 | \$155 | \$145 | \$145 | | <input type="text"/> |
| CIT 2 (Lebowitz) | \$175 | \$230 | \$140 | \$155 | \$145 | \$145 | | <input type="text"/> |
| C AMASS | | | | | | | | |
| AMASS 1 | \$115 | \$135 | \$90 | \$105 | \$115 | \$115 | | <input type="text"/> |
| AMASS 2 | \$115 | \$135 | \$90 | \$105 | \$115 | \$115 | | <input type="text"/> |
| D 5-Hour Institutes (Tues & Wed) | \$130 | \$160 | \$100 | \$110 | \$105 | \$105 | <input type="text"/> | <input type="text"/> |
| 7-Hour Institute (Tues) | \$175 | \$230 | \$140 | \$155 | \$145 | \$145 | <input type="text"/> | <input type="text"/> |
| E Workshops | \$70 | \$98 | \$55 | \$65 | \$60 | \$60 | <input type="text"/> | <input type="text"/> |
| F Master Clinician Seminars | \$85 | \$105 | \$65 | \$75 | \$70 | \$70 | <input type="text"/> | <input type="text"/> |

■ **Donation** — Support our new Black and Indigenous Award, the Francis C. Sumner Excellence Award
 \$10 \$20 \$50 \$100 \$200 other amount _____

■ **CE** — Please check appropriate organization: Psychology-APA NASW NBCC CAMFT

* **ABCT Members, Student Members, and Post-Baccalaureate Professional Members:** Please remember that the ABCT membership year is November 1, 2020, to October 31, 2021. As the Convention takes place in November, you are required to pay your 2021 dues before registering. WCCBT members who are not American or Canadian may register at the ABCT member rate. WCCBT Member organizations: AACBT; ABCT; ACBTA ; EABCT, IACP; ALAMOC.

** **Professional Community Practitioner:** Nonmembers who are first-time attendees to the convention, or who have not attended in the last 10 years. ABCT is being more inclusive in its outreach to the community. Rate does not include doctoral-level clinicians (e.g., psychologists, physicians).

Total Fees

Visa | MasterCard | American Express

Name on Card (please print)

Card Number CVV Expiration Date

Signature