



BADGE/LIST INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	DEGREE/CREDENTIALS
PROFESSIONAL TITLE		COMPANY	
ADDRESS		CITY	
STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
PHONE	FAX		
E-MAIL	FIRST NAME FOR BADGE:		

Is this your first time attending the IARP Annual Conference?

- Yes
 No How many? _____

Years Involved in Rehabilitation: _____

Preferred Section?

- Case Management
 Disability Management
 Forensic
 International Academy of Life Care Planning

If you have any special needs, please let us know and we will do our best to accommodate you: _____

CONFERENCE REGISTRATION

To qualify for the IARP member registration fees, you must be a member of IARP when you register for and attend the Annual Conference or enclose a completed membership application with full payment.

- | | | |
|-------------------------------------|---|--|
| IARP Individual Professional Member | <input type="checkbox"/> \$365 (by 3/14/07) | <input type="checkbox"/> \$465 (after 3/14/07) |
| IARP Associate Member | <input type="checkbox"/> \$415 (by 3/14/07) | <input type="checkbox"/> \$515 (after 3/14/07) |
| Non-Member | <input type="checkbox"/> \$465 (by 3/14/07) | <input type="checkbox"/> \$565 (after 3/14/07) |
| Student Member | <input type="checkbox"/> \$255 (by 3/14/07) | <input type="checkbox"/> \$255 (after 3/14/07) |
| Retiree | <input type="checkbox"/> \$235 (by 3/14/07) | <input type="checkbox"/> \$235 (after 3/14/07) |

Guest \$150

Guest Name: _____

ADDITIONAL PROGRAM REGISTRATION

PRE-CONFERENCE REGISTRATION

The pre-conference sessions are not included in the conference registration fee

Thursday, April 26 (8:00 a.m. – 5:00 p.m.)
 Workability Job Analysis Applications \$150 IARP Member \$175 Non-Member

Thursday, April 26 (1:00 a.m. – 5:00 p.m.)
 Using the O*Net Database for Occupational Analysis \$90 IARP Member \$115 Non-Member

ACTIVITIES REGISTRATION

Thursday evening, April 26
 Welcome Reception QTY___ X \$50 IARP Member QTY___ X \$60 Non-Member
 The welcome reception at the International Spy Museum is not included in the conference or guest registration fee

BREAKOUT SESSIONS

Please indicate your interest in attending these sessions. Choose one session per time slot.

- FRIDAY, APRIL 27 – 10:00 A.M. – 11:30 A.M.**
 F101: PTSD - A Model for Successful Transitional RTW
 F102: Formal Training for the Vocational Expert
 F103: New Therapies for Neuro-Rehabilitation
 F104: IARP State Chapter Orientation

- FRIDAY, APRIL 27 – 1:00 P.M. – 2:30 P.M.**
 F201: Sexual Dysfunction & Fertility in SCI, BI & MS
 F202: The National EEOC ADA Research Project - Trends in Workplace Discrimination
 F203: The Status of Vocational Rehabilitation
 F204: IARP Council of Chapters President Meeting

- FRIDAY, APRIL 27 – 2:45 P.M. – 4:15 P.M.**
 F301: Neuropsychology and FCE
 F302: The RTW Program at Union Pacific Railroad
 F303: A Review of Cases in Light of Daubert and Kumho

- FRIDAY, APRIL 27 – 4:30 P.M. – 6:00 P.M.**
 F401: Transitioning Injured Workers Back into the Workplace
 F402: Effective Cross Examination
 F403: Life Care Planning in Abuse Cases
 F404: Current Federal Legislation

- SATURDAY, APRIL 28 – 10:45 A.M. – 12:15 P.M.**
 S101: Current and Emerging Ethical Dilemmas
 S102: Disability Management that Works
 S103: Complex Clinical Cases
 S104: Social Security VE

- SATURDAY, APRIL 28 – 3:45 P.M. – 5:15 P.M.**
 S201: Professional Boundaries: An Essential Component In Case Management Practice
 S202: Ethical Considerations in DM
 S203: An IARP Chapter CAN Make a Difference
 S204: Social Security Disability Determinations

PAYMENT INFORMATION

Total Amount Due: \$_____ (US funds only)

Payment by Credit Card

Card Type: Visa MasterCard AMEX

Account Number _____ Exp. Date _____

Names as it appears on card _____ Signature _____

Print and fax completed application form with credit card information to: IARP Headquarters: (847) 657-6819

Payment by Check

Make check payable to International Association of Rehabilitation Professionals.

Print and mail completed application form to: IARP, 1926 Waukegan Road, Suite One, Glenview, IL 60025 USA

Refund Policy

Cancellations must be made in writing and faxed or mailed to IARP Headquarters according to the following schedule. There are no refunds for no-shows. Any requests for refunds of room reservations must be made directly with the Omni Shoreham Hotel.

On or before March 16, 2007	Full refund
Between March 17 – April 4, 2007	Full refund less \$100
After April 4, 2007	No refund

Questions

Please contact IARP Headquarters at (847) 657-6964 if you have any questions.