

## CPA Indigenous Members and Affiliates Fee Waiver Registration Form



Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
CPA Membership/Affiliate Number (if applicable): \_\_\_\_\_ Do you self-Identify as: \_\_\_\_\_

With which community or communities do you identify:

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Please note that options below may have a cost, which is not included with your complimentary registration. You will be required to complete the credit card payment information below.

Please check all that Apply:

- I plan to attend the First Time Attendee Cocktail Hour on **May 27th (5:00 to 6:00 pm)**. **Cost:** \$0.00
- I plan to attend the CPA Awards and Presidential Reception on **May 28th (6:00 to 8:00 pm)**. **Cost:** \$0.00
- I plan on having a Guest join me at the CPA Awards and Presidential Reception. **Cost:** \$28.74 tax incl.
- I plan to attend the CPA Annual General Meeting on **May 29th (8:00 to 9:00 am)**. Breakfast will be provided. **Cost:** \$0.00
- I plan to attend the Social Event, 2.5 hr boat tour (Dinner, Music and Light show) **May 29th (6:30 to 9:00 pm)**. **Cost:** \$114.97 tax incl.
- I plan to attend the Fireside chat (History & Philosophy section): What does history and theory have to do with psychology? **May 29th (12:15 to 1:00 pm)**. Lunch will be provided. **Cost:** \$22.99
- A Companion\* will attend my presentation during the Convention. **Cost:** \$144.97/per day, tax incl.

Companion Ticket for Thursday, May 28, 2020

Companion Ticket for Saturday, May 30, 2020

Companion Ticket for Friday, May 29, 2020

Companion Name:

\* The Companion rate is restricted to Companions of Presenting authors only (cannot be a psychologist, student in psychology, member, honorary life member, or student affiliate of the CPA nor a presenter at the convention). Due to limited space and seating, Companions may only attend sessions on the day which the registering delegate is presenting. Should they fall into any of the exclusion categories, appropriate registration rates or fees will apply).

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**Total Amount to be charged to credit card:**

I authorize the Canadian Psychological Association to charge my credit card the "Total Amount Due"

Card Type:

Card Number:

EXP.:

CCV:

**Please email completed form to [convention@cpa.ca](mailto:convention@cpa.ca)**