

**The Western Region of The Society for the Scientific Study of Sexuality
Sexology Symposium in the Springtime Sun**

April 9-11, 2010

Holiday Inn Resort, 1800 East Palm Canyon Dr., Palm Springs, Ca 92264

Registration Form – Online Registration Available at www.sexscience.org

Pre-registration not accepted after April 5, 2010

All attendees, including program presenters, must register and pay all applicable fees.

Name _____ Name for Badge _____

Affiliation _____ Address _____

City _____ State/Province _____ ZIP _____ Country _____

Telephone (Office) _____ (Home) _____ (Fax) _____

E-mail Address: _____ I am a Member of SSSS AAASECT

REGISTRATION FEES: (All fees are in US Dollars) Please circle the items you are paying.

Before 3/1/10 After 3/1/10

SSSS/AAASECT*	290	300
Non-member**	300	320
Student Member***	150	160
Retired member	150	160
Student Non-member***	160	170
Friday Only (Students ½ off)	60	65
Saturday Only w/Dinner (Students ½ off)	160	165
Sunday Only (Students ½ off)	70	75
Guests for Saturday Banquet & Panel	50	50

10% discount for groups of 5 or more before 3/1/10. Email for instructions.

CONTINUING EDUCATION LEARNING SESSIONS

Session I - Schoen	50	50
Session II - Braun-Harvey	85	85
Session III - Resnick	50	50

Amount Enclosed \$ _____

I plan to attend the Saturday banquet: Yes _____ No _____
Special meal, please specify: No meat [<input type="checkbox"/>] Fish ok [<input type="checkbox"/>]
I plan to attend the Saturday breakfast: Yes _____ No _____
I plan to attend the Sunday breakfast: Yes _____ No _____
This is my first SSSS meeting: Yes _____ No _____
I plan to earn CE credits at this meeting: Yes _____ No _____
I am a student member of SSSS and wish to volunteer for registration fee remission: Yes _____ No _____
I plan to attend the Student Poster Session & Cocktail Hour: Yes _____ No _____
I wish to have my name, phone, and e-mail shared with others for room sharing options: Yes _____ No _____

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Registration fees include 2 full breakfasts, coffee breaks, Saturday Banquet/Panel, reception and all sessions.

Continue to next page for further instructions...

TOTAL AMOUNT DUE _____
(Carried over from page 1)

PAYMENT METHODS

Make check payable to SSSS. Check # _____

Credit Card: [] Visa [] MasterCard [] American Express [] Discover

Credit Card Account # _____ Expiration date: ____/____ V-Code _____

Signature _____ Name as it appears on credit card _____

Mail this completed form (pages 1 & 2) along with payment to:

Mandy Peters, Registrar SSSS, P.O. BOX 416, Allentown, PA 18105-0416. Fax: (610) 530-2485. E-mail: mlpeters@sexscience.org

A list of attendees will be included in the Symposium packet to facilitate contact among participants.

[] I DO NOT wish to be included on the list of attendees.

[] I DO NOT want my email address on the list of attendees.

If you have special needs for attending this symposium, please list them here or contact the SSSS office by April 5, 2010, to make appropriate arrangements

* Current membership status will be verified at The Society's office.

** Non-Members and students wishing to apply for membership may register at the member's rate if they enclose a complete membership application and fee with this registration form. Please see the SSSS website for the membership application: www.sexscience.org

***Student registration must include documentation (e.g., a department letter) of your full-time student status.