

International Meeting of the Psychometric Society - REGISTRATION FORM

IMPS 2018 • July 10-13, 2018 • Columbia University, New York City

Please complete this registration form. One form must be filled out for each registrant and payment must accompany the registration form. Registration by telephone will not be accepted. Register by April 15, 2018, to take advantage of Early Registration discounts. Additional fees will apply for late and onsite registration. Final registration for speakers and poster presenters is April 1, 2018.

Registration Information

First Name: _____

Last Name: _____

Affiliation(s): _____

Mailing Address: _____

Mailing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Is this address: Work Home

Daytime Phone: _____

Fax Number: _____

E-Mail Address: _____

How did you learn about this conference?

I am a Psychometric Society member Colleague or Friend

I am a Previous Attendee The Psychometric Society website

Listserv Other _____

Special Dietary Needs: Please note any attendee dietary restrictions: _____

I am a Vegetarian. Yes No

Photo Release: The Psychometric Society captures photographs and video during the meeting for future marketing purposes in print and electronically.

Please indicate your consent below:

Yes, I acknowledge that the Psychometric Society may take photos at the annual meeting for marketing purposes in print and electronically.

No, I do not provide consent for the Psychometric Society to use my photo for marketing purposes in print and electronically.

Badge Information

This is how your badge will read. Please print clearly and complete only those lines that are different from the "Registration Information" above.

First Name or Nickname: _____

Full Name: _____

Affiliation: _____

City: _____

State/Province: (if applicable) _____

Country: _____

Emergency Contact Information:

Please provide the following information in case of emergency:

Emergency Contact Name: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Email: _____

Support-a-Student

Contribution to support a Student Travel Award (optional)

\$5 \$10 \$25 \$50 \$100 \$250

Registration Notice

Please Note: All prices are in US dollars (USD). Registration fees include: admission to all sessions; conference program at a glance; conference smart phone app; morning and afternoon refreshments; lunches; welcome poster reception; the Friday evening banquet. **Presenters must be registered by April 1, 2018, or your presentation will be removed from the program.**

Guest Information

Guest Registration: If you are a guest of a conference attendee, guest registration will include an invitation to the welcome poster reception and Friday evening banquet. A guest registration ticket does not include admission to conference sessions.

None Guest Registration: \$100* Guest Banquet Ticket Only: \$80**

How many guests? _____

Guest Name(s): _____

Guest Special Dietary Needs: Please note any guest dietary restrictions: _____

Guest is a Vegetarian. Yes No

* Includes banquet, and all receptions

** Banquet will take place on July 13, 2018

Pre-Conference Short Course Fees - July 9, 2018 (select only one)

Sold separately.

Workshop #1: Continuous- and Discrete-Time Dynamic Modeling in R

Workshop #2: Computerized Adaptive Testing and Multistage Testing with R

Workshop #3: New Matching for Causal Inference and Impact Evaluation

	With Conference Registration	Without Conference Registration
Regular Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$180	<input type="checkbox"/> \$300
Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125
Retired	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125

Meeting Registration

	On or Before 4/15/18	After 4/15/18
Regular Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$575
Non-Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$675
Student	<input type="checkbox"/> \$225	<input type="checkbox"/> \$350
Retired	<input type="checkbox"/> \$225	<input type="checkbox"/> \$350

Cancellation Policy & Fees

*A \$100 processing fee will be applied if you cancel *conference registration* on or before June 1, 2018 (midnight PST) (No refunds will be given after June 1.)

**A \$50 processing fee will be applied if you cancel your *short-course registration* on or before June 1, 2018 (midnight PST). (No refunds will be given after June 1.)

Fees

IMPS 2018 Registration Fee	\$ _____
Pre-Conference Short Course Fee	\$ _____
Support-a-Student Travel Award	\$ _____
Guest(s) Registration	\$ _____
Guest Ticket(s) to the Banquet Dinner	\$ _____
Total Enclosed:	\$ _____

Payment

Check a payment method and enclose your payment for registration fees, as well as any optional events in which you wish to participate.

Check (made payable in U.S. funds, drawn on a U.S. bank to Psychometric Society)
 Mastercard Visa

Card Number: _____

Exp. Date: _____

CVV: _____

Signature: _____

Print Name: _____

Mail or fax this registration form and fees to:

Psychometric Society 2424 American Lane • Madison WI 53704 USA • P: +1-608-268-4712 • F: +1-608-443-2474 • E: imps@psychometricsociety.org • W: www.psychometricsociety.org