

**REGISTRATION FORM**

**PLEASE PRINT CLEARLY**

Illinois School Psychologists Association  
Convention 2023

January 26-28, 2023  
Crowne Plaza, Springfield, IL

Circle one: Miss / Mrs. / Mr. / Ms. / Dr.

**IEIN# Required:** \_\_\_\_\_

\_\_\_\_\_  
**Name** (First Name) (Last Name) (email address)

\_\_\_\_\_  
**Address** (Street or Box) (City or Town) (Zip Code)

\_\_\_\_\_  
**Phone Number** (Employer) (Residence) **School/ District/ Place of Employment**

\_\_\_\_\_  
**Position Held** (Indicate age level served)

**\*REQUIRED\*Emergency Contact (Name /Relationship/Phone Number)**

	<b>Member</b>	<b>NonMember</b>	<b>Member Student/Intern/Retiree</b>	<b>NonMember Student/Intern/Retiree</b>
<b>Professional</b>				
Thurs/Fri/Sat	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185*
Fri/ Sat	<input type="checkbox"/> \$195	<input type="checkbox"/> \$295	<input type="checkbox"/> \$135	<input type="checkbox"/> \$135*
<b>PREPaPRE</b>	<input type="checkbox"/> \$45.00 (required additional material fee)			

Job Seeker     Recruiter

**\*Please note: Nonmember Student/Intern/Retiree rates are only available through use FAX and Mail- Not available online**

**REGISTRATION FEES \$** \_\_\_\_\_

**Thursday Lunch (Included in Registration)** ..... **Free**

**Friday Buffet Lunch (Included in Registration)**..... **Free**

**TOTAL \$** \_\_\_\_\_

**Do you have any special considerations that you may need (i.e. physical, special dietary, etc.)? If so, please indicate:**

<b>CREDIT CARD PAYMENTS</b>
Name on credit card _____
Card Number _____
Expiration Date _____ CVC _____
MC: ___ Visa ___ Discover ___ AmEX ___
Billing Address _____
City, State, Zip _____
Signature _____

Payment must accompany registration form in all cases  
 Credit cards must be used to pay registration on-line  
 Credit cards must be used to pay by FAX (847-864-7580)  
 NO PURCHASE ORDER will be accepted| Register on-line at [www.ilispa.org](http://www.ilispa.org)  
**Register by Mail (Send registration form and check payment)**  
 ISPA Convention  
 Department 4651  
 Carol Stream, IL 60122  
**Refund Policy**  
 ISPA will attempt to honor requests for substitutions at any time. Refunds (less \$25 administrative fee) are only available through January 16, 2023. **After January 16, 2023, registration fees are non-refundable.** Refunds will be processed 3 weeks following the close of convention in the form of original payment.

**All cancellations and changes must be made in writing to shirleypitts\_ispa@yahoo.com.** No cancellations will be accepted by phone. Substitutions are acceptable with prior notification to ISPA.

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Payment Method: \_\_\_\_\_  
Check Number: \_\_\_\_\_

Name: \_\_\_\_\_

**2023 ISPA Convention**

**Please choose 1 Full day or 2 half day workshops for Thursday & Friday**

Workshop descriptions <https://ilispa.memberclicks.net/2023-ispa-convention>

**Thursday Full Day Workshop (8:00am—4:50pm) (6.5 CPD)**

- Pesce & Grenda - \*PREPaRE Workshop1 | 25 person max| (\$45.00 required additional material fee)

**Thursday Half Day Workshops (8:30am—11:50am) (1:30pm-4:50pm) (3.0 CPD)**

Choose AM & PM workshops

- |   |  |
|---|--|
| <input type="checkbox"/> AM— Meyers - *Mindfulness                            | <input type="checkbox"/> PM— Simon - * Collaborative Problem-solving with Parents    |
| <input type="checkbox"/> AM— Feifer - Neuro- Reading Disorders                | <input type="checkbox"/> PM— Malecki & Demaray- *CIP-T2 BIGS, Tier 2 SE Intervention |
| <input type="checkbox"/> AM— Pfohl - CBT Overview                             | <input type="checkbox"/> PM— Feifer - Stress & Trauma                                |
| <input type="checkbox"/> AM— Levine - *QPR-Gatekeeper Training  35 person max | <input type="checkbox"/> PM— Pfohl - CBT Anxiety                                     |
| <input type="checkbox"/> Not Attending  | <input type="checkbox"/> PM— Levine - *QPR Gatekeeper Training  35 person max        |
| <input type="checkbox"/> Not Attending  | <input type="checkbox"/> Not Attending   |

**Friday Full Day Workshop (8:00am—4:15am) (6.5 CPD)**

- Pesce & Campbell - \*PREPaRE Workshop1| 25 person max |(\$45.00 required additional material fee)

**Friday Half Day Workshops (8:30am—11:50am) (1:00pm-4:15pm) (3.0 CPD)**

- |  |  |
|--|--|
| <input type="checkbox"/> AM— Malecki & Demaray- *CIP-T2 BIGS, Tier 2 SE Intervention | <input type="checkbox"/> PM— Meyers - *Mindfulness                     |
| <input type="checkbox"/> AM— Pfohl - CBT Depression                                  | <input type="checkbox"/> PM— Isquith - EF Assessments                  |
| <input type="checkbox"/> AM— Jaselskis - *Child/Adolescent Psychiatric               | <input type="checkbox"/> PM— Jaselskis - *Child/Adolescent Psychiatric |
| <input type="checkbox"/> AM— Simon - * Collaborative Problem-solving with Parents    | <input type="checkbox"/> PM— Student, Intern & New Hire: Tips & Tricks |
| <input type="checkbox"/> AM Participate in the Job Placement Bureau                  |  |
| <input type="checkbox"/> Not Attending   | <input type="checkbox"/> Not Attending                                 |

**Saturday Half Day Workshops (8:30am- 11:50am) (3.0 CPD)**

- AM— Isquith - EF Reports & Interventions
- AM— Banks - Socially Just Mental Health
- Not Attending

**\*Indicates that a workshop is REPEATED**

*ISPA reserves the right to substitute qualified faculty*

**All attendees must read, sign and return the attached convention waiver in-order to attend.**

**\*I have read and agreed to the COVID-19 Safety Acknowledgement, Liability Waiver, and release of all claims.**

Signature

Date

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**PLEASE KEEP THIS COPY OF THE WAIVER FOR YOUR RECORDS**

**COVID-19 SAFETY ACKNOWLEDGEMENT, LIABILITY WAIVER, AND RELEASE OF CLAIMS**

I plan to attend the Illinois School Psychologists Association (ISPA) Convention (the “Convention”) at the Crowne Plaza Springfield City Centre (the “Crowne Plaza”) in Springfield, Illinois between January 25, 2023 and January 28, 2023.

I: (i) understand that my travel to and from, and my attendance at, the Convention may expose me to an increased risk of contracting COVID-19; (ii) understand that ISPA cannot guarantee that I will not become infected with COVID-19, or a variant thereof, (iii) acknowledge that I will attend the Convention at my own free will and risk, and (iv) acknowledge that I will abide by all protocols existing within the State of Illinois during the Convention.

I hereby acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by, COVID-19 by traveling to and from and/or by attending the Convention, and that such exposure or infection may result in illness, permanent disability, or death. I understand that such injury may result from the actions, inactions, omissions or negligence of myself and others, including, but not limited to ISPA leadership/employees its agents and Convention attendees, the Crowne Plaza and its employees, exhibitors or other groups or persons present in Crowne Plaza unrelated to the Convention.

I hereby release, covenant not to sue, discharge, and hold harmless ISPA and its members, agents, and representatives of and from all liabilities, claims, actions, damages, costs, and expenses of any kind arising out or relating to my voluntary attendance at the Convention. I understand and agree that this release includes any claims based on the actions, inactions, omissions, or negligence of ISPA, its employees, agents, and representatives whether a COVID-19 infection occurs before, during, or after the Convention.

I agree to comply with all COVID-related procedures that may be implemented by ISPA, The Crowne Plaza, and the State of Illinois including, but not limited to, the protocols, mask wearing and social distancing requirements and restrictions on certain activities that carry a higher COVID-related risk, to protect the health and safety of all Convention attendees. Additionally, I agree to self-monitor for signs and symptoms of COVID-19. If I experience any COVID-19 related symptoms during the Convention I will immediately: (i) notify and (ii) discontinue my participation and take all appropriate action to limit my exposure to others.

I agree that I: (i) may only attend the Convention if I agree to the terms set forth in this Waiver and Release, (ii) will abide by all federal, state, and local safety COVID-19 health and safety guidelines prior, to the Convention, and (iii) will adhere to the Protocols while attending the Convention.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_