

REGISTRATION FORM

PLEASE PRINT CLEARLY

Illinois School Psychologists Association
Convention 2025

January 30-31, 2025
Bloomington- Normal Marriott, Normal, 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)**

	Member	NonMember	Member Student/Intern/Retiree	NonMember Student/Intern/Retiree
Professional				
Thurs/Fri	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	<input type="checkbox"/> \$185	<input type="checkbox"/> \$235*
Thursday Only	<input type="checkbox"/> \$195	<input type="checkbox"/> \$295	<input type="checkbox"/> \$135	<input type="checkbox"/> \$185*
Friday Only	<input type="checkbox"/> \$195	<input type="checkbox"/> \$295	<input type="checkbox"/> \$135	<input type="checkbox"/> \$185*
PREPaPRE	<input type="checkbox"/> \$55.00 (required additional material fee)			

***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 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:

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.ispa.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 17, 2025. **After January 17, 2025, 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.

CREDIT CARD PAYMENTS

Name on credit card _____

Card Number _____

Expiration Date _____ CVC _____

MC: ___ Visa ___ Discover ___ AmEX ___

Billing Address _____

City, State, Zip _____

Signature _____

OFFICE USE ONLY

Date Received: _____
Payment Method: _____
Check Number: _____

Name: _____

2025 ISPA Convention

Please choose 2 Day PREPaRE Training or 2 half day workshops for Thursday & Friday

Workshop descriptions: <https://www.ilispa.org/annual-convention>

Thursday Full Day Workshop (8:00am—4:50pm) (13 CPD)

- Pesce & Sibley - *PREPaRE Workshop 2- Day 1 of 2 | 40 person max| (\$55.00 required additional material fee)

***PREPaRE is a 2 day workshop (You must register for Thursday and Friday workshop to earn 13CPD)**

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

Choose AM & PM workshops

- | | |
|---|--|
| <input type="checkbox"/> AM- Dehn - Early Identification of Dyslexia | <input type="checkbox"/> PM- Dixon - Mental Health Screening |
| <input type="checkbox"/> AM- Skierkiewicz - *Applying Neuropsychology in Schools | <input type="checkbox"/> PM- Skierkiewicz - *Applying Neuropsychology in Schools |
| <input type="checkbox"/> AM- Florell - *Implementing AI in Practice and Research | <input type="checkbox"/> PM- Guy - *Executive Functioning Difficulties |
| <input type="checkbox"/> AM- Banks - Provision of Socially Just Mental Health Services | <input type="checkbox"/> PM- Webb - *Best Practices in ASD Evaluations |
| <input type="checkbox"/> AM- Guys - *Executive Functioning Difficulties | <input type="checkbox"/> PM- Herbstrith - Safe, Affirming, Supportive Climates for LGBTQIA+ |
| <input type="checkbox"/> Not Attending | <input type="checkbox"/> Not Attending |

Friday Full Day Workshop (8:00am—4:30pm)

- Pesce & Sibley- *PREPaRE Workshop 2- Day 2 of 2 | 40 person max |(\$0.00 required additional material fee)

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

- | | |
|---|--|
| <input type="checkbox"/> AM- Dehn/Romstad - Contextual Reasoning | <input type="checkbox"/> PM- Hayward,Johnson & Harmon - Transdiagnostic Psychotherapy |
| <input type="checkbox"/> AM- Florell - *Implementing AI in Practice and Research | <input type="checkbox"/> PM- Canivez - *Contemporary Intelligence Tests- Ethics |
| <input type="checkbox"/> AM- Wright - SLD Eligibility | <input type="checkbox"/> PM- Wright - Section 504 |
| <input type="checkbox"/> AM- Dixon - Support Before SPED | <input type="checkbox"/> PM- Webb - *Best Practices in ASD Evaluations |
| <input type="checkbox"/> AM- Canivez - *Contemporary Intelligence Tests- Ethics | <input type="checkbox"/> PM- Shelvin, Lakebrink, & Webb - Newcomer/ELL Strategies/Support |
| <input type="checkbox"/> Not Attending | <input type="checkbox"/> 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 _____

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 Bloomington-Normal Marriott Hotel (the "Marriott") in Normal, Illinois between January 30, 2025 and January 31, 2025.

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 Marriott and its employees, exhibitors or other groups or persons present in Wyndham 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 Marriott , 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.