



2022 National Multicultural Virtual Conference and Summit
January 5-7, 2022
Registration Form (*Check payments only*)

Registrant Details *please fill in the information required below*

Full Name: _____
Credentials/Degree(s): _____
Pronouns: _____
Preferred name: _____
Title: _____
Organization: _____

APA Division Affiliation: _____
City: _____ State: _____
Country: _____
Phone: _____
Email Address: _____

Tickets *please check one*

- | | |
|--|-------|
| <input type="checkbox"/> Pre-Conference Only | \$50 |
| <input type="checkbox"/> Pre-Conference Only, with CE Processing | \$100 |
| <input type="checkbox"/> Summit Only | \$150 |
| <input type="checkbox"/> Summit Only, with CE Processing | \$275 |
| <input type="checkbox"/> Bundle | \$175 |
| <input type="checkbox"/> Bundle, with CE Processing | \$350 |

Billing Info

- ☐ Enclosed is my check made payable to "APA - NMCS".
(There is a \$25 charge on all returned checks.)

Address: _____
City: _____
State: _____
Zip: _____

Do you require any accommodations to participate in this event?

- ☐ Captioning/CART services
☐ ASL Interpretation
☐ Other: _____

Including this one, how many NMCS have you attended?

- ☐ 1
☐ 2-3
☐ 4-6
☐ 7-10
☐ 10+

Which best describes you?

- ☐ Student
☐ Early Career Professional
☐ Retired
☐ Professional
☐ Other (Speaker, Sponsor, Exhibitor, etc)

- ☐ I give consent for inclusion in the attendee roster shared with event partners. Only name, organization, and title will be shared. Contact info (phone, e-mail, mailing address) will NOT be shared.
- ☐ I acknowledge receipt, review and acceptance of the [Community Agreement](#) and understand any violation may result in revocation of my virtual event access with no refund. *
- ☐ I would like to make a donation to the [Registration Awards Program](#) which offers financial support to students and ECPs for attending NMCS.

Thank you for registering! ***Please mail completed form and check to:***

NMCS
% Michelle Ramsey
5701 W. Slaughter Ln.
A130-146
Austin, TX 78749