

MEETING REGISTRATION FORM

COGDOP ANNUAL MEETING

February 25-27, 2011

Francis Marion Hotel

Charleston, SC

(Please contact hotel directly for room reservations.)

ADVANCED REGISTRATION FEE: MEMBERS \$95.00 NON-MEMBERS \$190.00

REGISTRATION INFORMATION

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

PREFERRED TITLE/NAME FOR BADGE: \_\_\_\_\_

Will you be attending the "New Chairs" luncheon? \_\_\_\_ yes \_\_\_\_ no

FORM OF PAYMENT (please check one)

\_\_\_\_\_ Check is enclosed

\_\_\_\_\_ Institutional payment being sent under separate cover

\_\_\_\_\_ MasterCard or \_\_\_\_ Visa #: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Cardholder's Billing Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

3 or 4 digit Security Code (from card): \_\_\_\_\_

(Note: We would prefer all Credit Card payments to be made online at  
< <http://www.cogdop.org/> > to avoid wasteful paperwork and additional processing fees.)

PLEASE RETURN THIS FORM NO LATER THAN January 15, 2011 TO:

Dr. Dale Dagenbach

COGDOP Treasurer

Department of Psychology

Wake Forest University

Winston-Salem, N.C. 27109

OR FAX (NO COVER SHEET NEEDED) TO: (336) 758-433, Attn: Dale Dagenbach