

PARAPSYCHOLOGICAL ASSOCIATION, INC.
 49th Annual Convention ♦ August 4 – 6, 2006
 HASSELBACKEN HOTEL, STOCKHOLM SWEDEN

Name	Title for ID Badge
Affiliation for ID Badge	E-mail address
Address	Telephone (day)
	Telephone (evening)
	Fax:

Registration Fees* (all fees shown in US Dollars)

	Paid by Jun 20	Paid After Jun 20	Per Single Full Day
Please check Type of Membership			
<input type="checkbox"/> PA Member/Associate/Affiliate	\$ 190	\$ 209	\$ 80 (USD)
<input type="checkbox"/> Non-member	\$ 255	\$ 274	\$ 90 (USD)
<input type="checkbox"/> Student (enclose copy of ID)	\$ 175	\$ 190	\$ 70 (USD)
<input type="checkbox"/> Student Affiliate	\$ 125	\$ 140	\$ 50 (USD)
<input type="checkbox"/> PA member spouse, child, or Senior	\$ 157	\$ 173	\$ 66 (USD)

Note: If per day, circle days attending: August 4 5 6

Registration \$ _____

***Banquet** – Sunday, August 6 (Advance registration required)

_____ persons(s) @ \$58 (USD).

Number requesting regular meal _____

Vegetarian meal \$40 (USD)

Number requesting vegetarian meal _____

Banquet \$ _____

Convention Proceedings (check one if applicable)

\$45 (mailed overseas)

\$40 (mailed USA)

\$35 (picked-up at conference)

Proceedings \$ _____

TOTAL \$ _____

Registration and payment must be received by June 20, 2006 for lower rates listed above. After June 20, 2006, the higher rates will apply. We encourage you to also make your hotel reservations as early as possible to guarantee the Convention room rate and to take advantage of the current currency exchange rates. All prices shown here are in US Dollars.

If paying by check or money order, please make it payable to PARAPSYCHOLOGICAL ASSOCIATION, INC.

If paying by credit card, please check one: VISA MASTERCARD

Credit card number _____ Expiration Date _____ Signature _____	Please fax or mail this form with your payment to: Ms Susie Radin, Executive Secretary Parapsychological Association 1390 N. McDowell Blvd, Suite G-208 Petaluma, CA 94954 USA FAX: +1 (202) 318-2364
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Additional Information:

RECEPTION

As part of the convention we will have a Friday, August 4th, reception at the Stockholm City Hall, which includes a short boat trip. The City Hall requires in advance the names and nationalities of each participant planning to attend the reception. So please add your nationality and check this box if you plan to attend. (The cost for this is included in the registration fee)

Plan to attend reception? () YES () NO

If Yes, NATIONALITY _____ Number attending _____

OPTIONAL SIGHTSEEING TRIP

An optional sightseeing boat trip on Monday, Aug 7, 2006 will cost approximately USD \$31 per person. Please indicate if you are interested in this trip so we can get a pre-count. () Yes () No

Number of people possibly in your party: _____

MEAL PLANNING

For guests **staying at the convention hotel** breakfast is included. To assist the hotel in planning for lunch and dinner meals, please indicate which meals you are likely to eat at the hotel:

	Breakfast Buffet	Lunch Buffet	Dinner Buffet
Fri 4 Aug 2006	US \$14 ()	US \$29 ()	US \$45 ()
Sat 5 Aug 2006	US \$14 ()	US \$29 ()	US \$45 ()
Sun 6 Aug 2006	US \$14 ()	US \$29 ()	BANQUET ()