If you need to register for a pay-later invoice or register a group of attendees, please complete the form below.

* This is an editable document so you may copy and paste the table as many times as needed based on the number of individuals you are registering for the conference.
* This form is not to be used for renewing or purchasing membership.
* Refund requests must be submitted by August 31 to receive a full refund. Refund requests must be sent via email to info@fabaworld.org. No call-in requests will be accepted. To switch to a different registration type, please email info@fabaworld.org. No refunds or cancellations of conference registration will be performed on-site. Workshop tickets may be exchanged for a different workshop only. FABA is not a state agency and cannot accept state journal transfers. Checks, Money Orders or Credit Cards are welcome. If a check is returned by your financial institution for any reason, a $30 charge will be assessed.
* If you choose to be invoiced to pay later, all payments are due no later than August 1. Any unpaid registrations are subject to cancelation after this date.
* Pricing for the conference is automatically applied at the time of registration based on the attendee’s current membership status. If you need to check on the status of an attendee’s membership, please contact us at info@fabaworld.org for assistance. We cannot retroactively apply membership pricing after the invoice is created. Please ensure attendees are current members before submitting this form.

Please complete the following information for **EACH** attendee. If more space is needed, the table may be copied for each additional attendee.

**Billing Information –** This is where the invoice will be sent. If this person also needs to be registered, please include them in the *Attendee Information* table below.

|  |  |
| --- | --- |
| **Billing Contact Full Name** |  |
| **Phone** |  |
| **Email Address** |  |
| **Organization** |  |
| **Additional Notes or Requests** |  |

**Attendee Information –** *Please complete this table once per attendee. Please duplicate the table for each additional attendee.*

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date You First Became Registered** |  |
| **BACB Certificate Number** |  |
| **Organization** |  |
| **Registration (In-person/Virtual)** |  |
| **BCBA CEU Package (Yes/No)***\*Select “No” if attendee is paying for their own CEUs* |  |
| **Email** |  |
| **Have you been diagnosed with a disability or impairment that you wish to note?** |  |
| **Are you requested ADA services?** **If so, what services are requested?** |  |
| **Street Address** |  |
| **City** |  |
| **State** |  |
| **ZIP/Postal Code** |  |
| **Country** |  |
| **College or University** |  |
| **Expected Date of Graduation (if current student)** |  |
| **Do you practice in Florida?** **If so, which county?** |  |
| **Would you like to include a PAC Donation?** |  |

***Once completed, please send the completed form to*** ***info@fabaworld.org*** ***with “group invoice” in the subject line. All requests will be completed or followed up within 3 business days.***