



Parapsychological
Association
60th Annual Convention
Titania Hotel
Athens, Greece
July 20-23, 2017

Convention Registration Form

(Online registration available at http://parapsych.org/section/54/2017_convention.aspx)

Name/Title/Affiliation: (to be printed on name tag)
Address:
Email:
Phone:

Convention Registration

Convention registration price includes admission to all paper presentations, poster sessions, coffee breaks, **lunches on July 21st/July 22nd** and receptions. All attendees will receive one printed copy of the convention abstracts. Banquet tickets must be purchased separately. A welcoming reception taking place on Thursday, July 20th will be open to all. **Arrangements for accommodations must be made separately with the Titania Hotel by April 28th** (<https://tinyurl.com/hz5we14>). Please circle the options that you wish to purchase:

Membership Level	Entire Convention (Fee paid by 6/22/17)	Entire Convention (Fee paid after 6/22/17)	Banquet Ticket Saturday 7/22/17	Single Date(s) July		
				21	22	23
PA Members*	\$292 (275€)	\$318 (300€)	\$53 (50€)	140 €	110 €	50 €
Students** and Spouses of PA members	\$238 (225€)	\$265 (250€)	\$53 (50€)	120 €	90 €	40 €
Non-Members	\$344 (325€)	\$370 (350€)	\$53 (50€)	160 €	130 €	60 €

*PA membership status must be approved and dues paid prior to the convention for discounted rates. New Student and Supporting Members may sign up automatically at http://www.parapsych.org/join_the_pa.aspx. New Professional and Associate Members – please submit your application by May 22, 2017 to allow enough time for processing.

**Students will be asked to provide proof of their status by submitting a student ID, paid tuition invoice, or recent transcript.

Payment Details

I have enclosed a check for \$_____
Please make check payable to the Parapsychological Association – must be in US Dollars

I have made a payment of _____ via Paypal to office@parapsych.org

Please charge my credit card for \$_____

Name on card: _____

Card No.: _____

Card Type: Visa _____ Mastercard _____ American Express _____

Expiry date: _____ Billing Zip Code (if not the same as above) _____

Please email, fax, or mail this form to:

60th Annual Convention Registration
Parapsychological Association
P.O. Box 24173
Columbus, OH 43224
U.S.A.

Email: office@parapsych.org

If you have any questions, please contact the Executive Director Annalisa Ventola at the contact information above. Further information about the PA and the convention can be found at:

http://www.parapsych.org/section/46/2014_convention.aspx