



AAPCSW 2015 CONFERENCE REGISTRATION FORM

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone: Daytime _____ Evening _____ Cell _____
 Fax _____ Email _____

Paper, Panel, and Workshop Selection

List 1st, 2nd, and 3rd choices for each time slot by writing the number as it appears in the schedule:

Friday, 10:45 am	(nos. 2–8)	_____ 1 st	_____ 2 nd	_____ 3 rd
Friday, 1:30 pm	(nos. 9–15)	_____ 1 st	_____ 2 nd	_____ 3 rd
Saturday, 10:30 am	(nos. 18–24)	_____ 1 st	_____ 2 nd	_____ 3 rd
Saturday, 2:00 pm	(nos. 25–31)	_____ 1 st	_____ 2 nd	_____ 3 rd
Saturday, 3:45 pm	(nos. 32–38)	_____ 1 st	_____ 2 nd	_____ 3 rd
Sunday, 11:00 am	(nos. 40–45)	_____ 1 st	_____ 2 nd	_____ 3 rd

Check if attending:

___ Thursday, 5:00 pm *Taste Carolina* walking tour (separate fee \$55)*
 ___ Saturday Evening *Jazz and Juleps* at Durham Arts Council (reserve tickets, \$45 each, guests welcome)*

Conference Registration Category

	Early by 1.10.15	Standard by 3.2.15	On site After 3.2.15
Postmarked			
AAPCSW member	_____ \$340	_____ \$390	_____ \$440
Non-Member	_____ \$390	_____ \$440	_____ \$490
Student	_____ \$120	_____ \$130	_____ \$140

(Full-time student with verification)

Conference registration fee includes continental breakfasts and Saturday luncheon.*

*List dietary restrictions/food allergies: _____

Payment Summary

Conference Registration Fee (see above)	\$ _____
Thursday <i>Taste Carolina Gourmet</i> Food tour (\$55)	\$ _____
Saturday Evening <i>Jazz and Juleps</i> (\$45 per person)	\$ _____
Number of tickets _____ x \$45	
CE Fee (\$15)	\$ _____
Total	\$ _____

Payment Type (check one):

___ Check — Please make payable to NIPER
(National Institute for Psychoanalytic Education and Research in Clinical Social Work, Inc., educational arm of AAPCSW)

___ Visa ___ Mastercard ___ American Express

Card Number _____ Exp. Date _____ 3- or 4-Digit Security Code _____

Billing Address _____

Signature (as on card) _____

Mail enclosed check with this form to:

NIPER c/o Lawrence Schwartz Partners, 25-79 31st Street, Astoria, NY 11102-1748

Credit card payments can be mailed to the above address, phoned or faxed to 718-728-7416

Questions? Call 718.728.7416 or email: aapcsw@gmail.com

Cancellation policy: Refunds (less \$50 administrative fee) will be granted only upon written request postmarked on or before 3.2.15.

Online registration at www.aapcsw.org