

Registration Form

Name

Address

City / State / Zip

Phone: Daytime Evening Cell

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, 10:30 am	(nos. 2–8)	.....	1st	.....	2nd	.....	3rd
Friday, 1:30 pm	(nos. 9–15)	.....	1st	.....	2nd	.....	3rd
Saturday, 10:45 am	(nos. 18–25)	.....	1st	.....	2nd	.....	3rd
Saturday, 2:15 pm	(nos. 26–32)	.....	1st	.....	2nd	.....	3rd
Saturday, 4:00 pm	(nos. 33–39)	.....	1st	.....	2nd	.....	3rd
Sunday, 10:45 am	(nos. 41–47)	.....	1st	.....	2nd	.....	3rd

Check if attending:

- Thursday, 4:00 pm, Nasher Museum Tour (no fee)
- Thursday, 6:30 pm, Opening Reception at Parizade (\$40 each; guests welcome)**
- Saturday, 6:30 pm, Purple Penguin Soiree (\$55 each; guests welcome)**
- Thursday, 9:00 am–5:00 pm, Pre-Conference Writing Workshop (\$35/\$100; includes lunch)**

Conference Registration Category

	Early	Standard	On site
Postmarked	by 1.15.19	by 3.15.19	after 3.15.19
AAPCSW Member	<input type="checkbox"/> \$ 360	<input type="checkbox"/> \$ 410	<input type="checkbox"/> \$460
Non-Member	<input type="checkbox"/> \$ 410	<input type="checkbox"/> \$ 460	<input type="checkbox"/> \$ 510
Student—Masters*	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 110
Student—PhD*	<input type="checkbox"/> \$ 280	<input type="checkbox"/> \$ 330	<input type="checkbox"/> \$380
Candidate, Institute*	<input type="checkbox"/> \$ 280	<input type="checkbox"/> \$ 330	<input type="checkbox"/> \$380
New Professional*	<input type="checkbox"/> \$ 180	<input type="checkbox"/> \$ 230	<input type="checkbox"/> \$280

(0–3 years post masters, year of graduation)

* With Verification from university or institute.

Conference registration fee includes: CE certificates, continental breakfasts, Friday lunch reception, Friday post-movie reception, and Saturday luncheon.**

** List dietary restrictions/food allergies

Payment Summary

Conference Registration Fee (see above)		\$.....
Thursday Reception (\$40 per person)	Number of tickets x \$40	\$.....
Saturday Evening (\$55 per person)	Number of tickets x \$55	\$.....
Thursday Pre-Conference Writing Workshop (\$35 Masters, Post-Masters Student/Candidate; \$100 General)		\$.....
Donate to the Student Conference Fund***		\$.....
Donate to the General Educational Fund***		\$.....
*** See www.aapcsw.org/about_us/dontate.html	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 check with this form to: NIPER c/o Lawrence Schwartz Partners, 47-46 40th Street (#3E), Sunnyside, NY 11104
Credit card payments can be mailed to above address or 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 3.15.19

Online registration at www.aapcsw.org