

2021 CONFERENCE - REGISTRATION FORM
A Time to Think, A Time to Act - Caring about the Known and the Unknown

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Daytime _____ Evening _____ Cell _____

Email _____

Credential (degree): _____

Licensure: License type, State, License number (one per line)

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, 10:45 am	(nos. 18–24)	_____ 1 st	_____ 2 nd	_____ 3 rd
Saturday, 2:15 pm	(nos. 25–31)	_____ 1 st	_____ 2 nd	_____ 3 rd
Saturday, 4:00 pm	(nos. 32–38)	_____ 1 st	_____ 2 nd	_____ 3 rd
Sunday, 10:45 am	(nos. 40-45)	_____ 1 st	_____ 2 nd	_____ 3 rd

Check if attending:

- ___ Thursday, 9:00 am - 4:00 pm, Pre-Conference Writing Workshop (\$35/\$100 includes lunch)
 ___ Thursday, 5:00 pm, Constitutional Walking Tour (Ticket sponsored by AAPCSW.)
 ___ Thursday, 6:30 pm, Opening Reception at Independence Beer Garden (\$30 each; guests welcome)**
 ___ Saturday, 6:30 pm, Dinner at Estia (\$45 each; guests welcome)**

Conference Registration Category

	Early	Standard	On site
Postmarked	by 9.10.21	by 10.31.21	after 10.31.21
AAPCSW member	_____ \$360	_____ \$410	_____ \$460
Non-Member	_____ \$410	_____ \$460	_____ \$510
Student - Masters*	_____ \$ 90	_____ \$100	_____ \$110
Student - PhD*	_____ \$260	_____ \$310	_____ \$360
Candidate, Institute*	_____ \$260	_____ \$310	_____ \$360
New Professional*	_____ \$150	_____ \$200	_____ \$250

0-3 years post masters,
 year of graduation*

* With **Verification** from university or institute.

Conference registration fee includes: Some breakfasts; Friday post-movie reception, and Saturday luncheon**

**List dietary restrictions/food allergies: _____

Payment Summary

Conference Registration Fee (see above)	\$ _____
Thursday Pre-Conference Writing Workshop (\$35 Masters, Post-Masters Student/Candidate; \$100 General)	\$ _____
Thursday Walking Tour Number of tickets _____	
Thursday Reception (\$30 per person) Number of tickets... x \$30	\$ _____
Saturday Evening (\$45 per person) Number of tickets... x \$45	\$ _____
Donation to the Student Conference Fund***	\$ _____
Donation to the General Education Fund***	\$ _____
*** See www.aapcsw.org/about_us/donate.html	
Total	\$ _____

Payment Type (check one):

Check Please make payable to **NIPER**
(National Institute for Psychoanalytic Education and Research, 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, 47-46 40th Street (#3E), Sunnyside, NY 11104

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

Cancelation policy: Refunds (less \$50 administrative fee) will be granted only upon written request postmarked on or before 10.31.21.

[Online registration at www.aapcsw.org](http://www.aapcsw.org)