

Registration Form

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(Please print legibly. Duplicate forms as needed.) This form will be used as the basis for registration information. Use a separate form for each registrant.

Name _____ Degree _____
 Nickname for Badge _____ Gender Male Female Please Specify: _____
 Home (Optional)
 Preferred Address Office _____
 City _____ State _____ Zip _____
 Telephone: Office () _____ Home () _____
 Mobile () _____ E-mail _____

Please indicate the best method of contact during the Annual Meeting mobile e-mail

Do you have any disabilities which require special accommodations? If so, please identify your specific needs in a separate letter.

Status AGPA Member AGPA Applicant Nonmember (membership application on page 15) Scholarship Applicant

Profession: Psychiatrist Psychologist Social Worker Nurse Alcohol & Drug Abuse Counselor
 Creative Arts Therapist Marriage & Family Therapist Mental Health Counselor Pastoral Counselor Other _____

Is this your 1st Meeting? Yes No How did you hear about us? _____ Years of group psychotherapy practice? _____

Visit the AGPA WEBSITE (www.agpa.org) for full event descriptions.

CONTINUOUS ONLINE GROUP: March 2-15 Members \$90; Nonmembers \$180 (AGPA 2017 Annual Meeting registrants can participate gratis.)

SPECIAL INSTITUTE REGISTRATION: SI-1 Drs. Stephen Porges & Philip Flores, "Group Psychotherapy as a Neural Exercise..."

SI-2 Red Well Theater Group, "Wounded Healers and Suffering Strangers..."

TWO-DAY INSTITUTE REGISTRATION: List preferences for Tuesday & Wednesday, March 7 & 8 refer to Process Group Experience Sections or Specific Interest Sections

1st Choice	2nd Choice	3rd Choice	4th Choice
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CONFERENCE REGISTRATION: List preferences for Thursday, Friday & Saturday, March 9, 10, 11. Indicate courses, open sessions as well as workshops by event numbers.

	THURSDAY			FRIDAY			SATURDAY		
	1st Choice	2nd Choice	3rd Choice	1st Choice	2nd Choice	3rd Choice	1st Choice	2nd Choice	3rd Choice
Early Bird									
All-Day									
Morning									
Lunch-Time									
Afternoon				2:30 - 4:00					
				4:30 - 6:00					

SPOUSE/GUEST REGISTRATION: \$325.00 (Includes Spouse/Guest Breakfast, Public Event, Plenary Addresses, and Group Foundation Dance and Luncheon.)

Name _____		Special Institute	2-Day Institute	3-Day Conference	1-Day Conference	5-Day Package
By December 31	Member	\$275	\$400	\$530*	\$230	\$845*
	Nonmember	\$335	\$530	\$720*	\$285	\$1145*
January 1 & Onsite	Member	\$305	\$450	\$580*	\$250	\$945*
	Nonmember	\$365	\$580	\$770*	\$310	\$1245*

* Includes Group Foundation Friday Dance and Saturday Luncheon

SPECIAL OFFER: Register for the Special Institute plus the Five-Day Package and deduct \$50 from your total fees.

If you would like to join (complete application on reverse) or renew your membership, please include \$150 thru 6/2017 or \$225 thru 6/2018.

Support the Group Foundation with a Scholarship Contribution.

Check enclosed Visa MasterCard American Express

Discount applied: New Professional/Student/Resident/Retiree Institution/Agency Military

Name as it appears on card _____

Acct # _____ Exp. Date _____

Signature _____

REGISTRATION TOTAL: \$ _____
 MEMBERSHIP TOTAL: \$ _____
 FOUNDATION TOTAL: \$ _____
 GRAND TOTAL: \$ _____

How to Complete the Registration Form

SPECIAL INSTITUTE REGISTRATION:

Drs. Porges & Flores Red Well Theater Group

TWO-DAY INSTITUTE REGISTRATION:

1st Choice	2nd Choice	3rd Choice
IA-12	XIV	XII

CONFERENCE REGISTRATION:

THURSDAY			
	1st Choice	2nd Choice	3rd Choice
Early Bird	201	204	203
All-Day	C-1		
Morning		8	3-a
Lunch-Time	LG-1		
Afternoon		305	

REMEMBER:

- To write all information legibly as it will be used to prepare all registration materials.
- Always include alternate event selections on the registration form; if you don't select alternates you may not be assigned to an event.
- The Courses cover various time slots during the three days of the Conference. Please keep this in mind when making other event selections.
- The Special Institute is not included in the Five-day Package fee; if you register for all six days there is a special discount of \$50 off the total registration fees.



American Group Psychotherapy Association, Inc.

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Toll-Free: (877) 668-AGPA (2472) or (212) 477-2677 Fax: (212) 979-6627

Website: www.agpa.org • E-mail: registration@agpa.org

Register Now! Prices go up January 1st