

**REGISTRATION FORM  
(Active Military Only)**

**The American Academy of Psychoanalysis and Dynamic Psychiatry  
and  
The Organizzazione di Psicoanalisti Italiani-Federazione e Registro (OPIFER) Joint Meeting**

**Genoa, Italy  
October 16-17, 2010**

Please Print:

Name \_\_\_\_\_

Accompanying Guest Name \_\_\_\_\_

Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_  
(Area code)

Home Phone Number \_\_\_\_\_  
(Area code)

Fax Number \_\_\_\_\_  
(Area Code)

Email Address \_\_\_\_\_

Enclosed is my check payable to: The American Academy of Psychoanalysis and Dynamic Psychiatry

Active Military rate: \$ 0.00

Opening Reception: \$50.00 Amount Enclosed: \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

**DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_**

*Please complete and return this registration form with your check (in US dollars and drawn on a US bank) made payable to:*

**The American Academy of Psychoanalysis and Dynamic Psychiatry  
One Regency Drive, P.O. Box 30  
Bloomfield, CT 06002-0030**

**[DETAILS ON REVERSE]**

## REGISTRATION FEES

### Registrant's Registration Includes:

- Personal letter of invitation
- 2 days of meetings
- Opening Reception
- Certificate of attendance

### Opening Reception:

**\$50.00**

**[REGISTRATION FORM ON REVERSE]**