

MEETING REGISTRATION FORM
American Academy of Psychoanalysis and Dynamic Psychiatry
56th Annual Meeting
Loews Philadelphia Hotel
Philadelphia, PA
May 3-5, 2012

Advance registration is recommended. Badges will be held at the AAPDP Registration Desk at the hotel.

If you are not an AAPDP member, please tell us how you heard of this meeting:

Referred by a Member Ad Website Mail Other _____

Please type or print clearly:

Name & Degree _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-Mail _____

Professional Specialty _____

* Guests requiring Continuing Medical Education credits should register as non-member professionals.

	<u>Advance</u>	<u>On-Site</u>
<input type="checkbox"/> Member of the Academy	\$245.00	\$295.00
<input type="checkbox"/> Non-Member Spouse/Accompanying Guest*	\$110.00	\$130.00
Name & Degree _____		
<input type="checkbox"/> Non-Member Professional*	\$290.00	\$340.00
<input type="checkbox"/> Non-Member Spouse/Accompanying Guest*	\$110.00	\$110.00
Name & Degree _____		
<input type="checkbox"/> Member and Non-Member Professional Outside of U.S.	\$110.00	\$130.00
<input type="checkbox"/> Non-Member Spouse/Accompanying Guest Outside of U.S.	\$ 65.00	\$ 65.00
Name & Degree _____		
<input type="checkbox"/> One-Day Registration	\$155.00	\$175.00
Day _____		
<input type="checkbox"/> Candidate, Psychoanalytic Institute (<i>Requires current letter from Training Director</i>)	\$55.00	\$75.00
<input type="checkbox"/> Resident in Psychiatry or Medical Student (<i>Requires Resident/Medical Student ID</i>)	No Charge	No Charge
<input type="checkbox"/> Student (<i>Full time Student ID Required</i>)	\$55.00	\$75.00
 Total Registration Amount	 \$ _____	

MASTERCARD AND VISA ACCEPTED (please circle one)

Card No. --- Exp. Date: / Security Code:

Signature _____

Please complete and return this form with your check (in US dollars and drawn on a US Bank) or credit card information:

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