

**REGISTRATION FORM
(Trainees 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

Trainees: \$ 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]