

REGISTRATION FORM

**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

Registrant: \$395.00 Amount Enclosed: \$_____

Accompanying Guest of Registrant: \$295.00 Amount Enclosed: \$_____

Opening Reception Only: \$100.00 Amount Enclosed: \$_____

TOTAL AMOUNT ENCLOSED: \$_____

An administrative fee of \$50 will be charged for cancellations received at the Academy Office before October 1, 2010. After October 1, 2010, there will be a \$100 administrative fee for cancellations.

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

\$395.00

Accompanying Guest of Registrant Includes:

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

\$295.00

Opening Reception:

- This charge applies only to guests of registrants, if those guests do not attend the full meeting. ***If you are planning to bring a guest to the Opening Reception, they must be registered in advance.***

\$100.00

An administrative fee of \$50 will be charged for cancellations received at the Academy Office before October 1, 2010. After October 1, 2010, there will be a \$100 administrative fee for cancellations.

[REGISTRATION FORM ON REVERSE]