

2010 SAN DIEGO ANNUAL MEETING • FEBRUARY 22-27

REGISTER NOW!!

LOCATION AND ACCOMMODATIONS

The 2010 Annual Institute and Conference will be held at
 Sheraton San Diego Hotel & Marina
 1380 Harbor Island Drive
 San Diego, CA 92101
 1-800-325-3535 or (619) 291-2900

HOTEL ROOM RATE: \$210.00 single/double occupancy.

Attention Students: Even further room discounts are available to new professionals, full-time students and psychiatric residents (\$62.50 per person/double occupancy required). Student rooms are handled on a first-come, first-serve basis while they are available. Room shares are required. All inquiries for student housing are to be addressed to the AGPA office only.

TO REGISTER

By Mail: Complete the form and mail it with your check or credit card information to AGPA, c/o Chase Manhattan Bank, Church Street Station, P.O. Box 6359, New York, NY 10249-6359. (Non-U.S. residents are requested to have checks drawn on U.S. banks.) Only an agency voucher or purchase order will be accepted with the registration in lieu of payment.

By Fax: Complete the form, including credit card information; sign and fax to AGPA at (301) 869-8608. Please do not mail faxed registration forms to the office. (Please verify receipt by phone within 48 hours of transmission.)

SPECIAL OFFER! Apply for AGPA membership and register for the Meeting at member rates.

DISCOUNTS

Active Military Clinicians: A 50% discount off registration rate is available.

Agency/Institutions: First registration at the full rate with additional registrations from the same agency at a 50% discount. Agency/Institution registrations may be shared among personnel. **Registration forms *must* be forwarded together and accompanied by a listing of the names of registrants on agency letterhead.**

New Professionals/Students/Residents/Retirees - A 50% discount is available off registration rates. (Discounts not applicable when using institutional discounts.) Students/Residents must furnish a statement of full-time enrollment. The New Professional fee is applicable to Students/Residents for three years after date of graduation.

REFUND POLICY

Cancellations must be submitted in writing by January 25, 2010 and will be subject to a \$50 service charge. No refunds are issued after January 25th.

AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION, INC.

REGISTRATION HEADQUARTERS

Member Service Center: Phone: (240) 243-2236 • Toll Free: (888) 808-AGPA (2472) • Fax: (301) 869-8608

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

REGISTER BY July 31, 2009

INSTITUTE FEES - February 22-24

Special Institute: February 22
 Member \$235.00
 Non Member \$295.00

2-Day Institute: February 23 & 24
 Member \$335.00
 Non Member \$455.00

CONFERENCE FEES - February 25-27

Full 3 Days (workshops included)
 Member \$455.00*
 Non Member \$635.00*
 Single Day (workshops included)
 Member \$195.00
 Non Member \$250.00

5-DAY SUPER SAVER PACKAGE:

2-Day Institute & 3-Day Conference registration.
 (This fee does not include Special Institute.)
 Member \$720.00*
 Non Member \$960.00*

*Includes GPF Evening Event and Conference Luncheon.

SPECIAL OFFER: Register for the Special Institute plus the Five-Day Package and deduct \$50.00 from your total fees.

SPOUSE/GUEST PACKAGE: \$265.00 includes Spouse/Guest Breakfast, Public Education Event, two Plenary Events, Conference Open Sessions, GPF Evening Event, GPF Conference Luncheon, (Discounts not applicable.)

- Special Institute Registration (select one): Stewart Aledort, M.D., CGP, FAGPA or Philip Flores, Ph.D., ABPP, CGP, LFAGPA
 Institute Registration (Events are selected when program is available.)
 Conference Registration (Events are selected when program is available.)
- Spouse/Guest Package. Name: _____
- Please send me an Annual Meeting program as soon as it is available.

NAME: _____ DEGREE _____ SEX: M F

BADGE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Telephone: Office: _____ Home: _____

Fax: _____ E-mail: _____

Status (check all that apply): AGPA Member AGPA Applicant Board Member
 Nonmember Conference/Institute Committee Member Faculty Member

Profession (Psychiatrist, Social Worker, etc...) _____

Prior AGPA meetings attended _____ Years of group psychotherapy practice _____

Yes! Register me for the 2010 Meeting!

Total is \$ _____ Discount applicable: Institution/Agency
 Active Military Clinician
 New Professional/Student/Resident/Retiree

Check enclosed Visa MasterCard American Express

Acct#: _____ Expiration Date: _____

Signature: _____

FOR OFFICE USE: NO _____ REC'D _____ PROC'D _____ AMT PD _____
AMT DUE _____ RFD _____ REG _____ EB07-31-09