



AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION, INC.

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**NEW PROFESSIONALS/STUDENTS/PSYCHIATRIC RESIDENTS
ROOM RESERVATION REQUEST FORM**

Thank you for registering for the 2011 AGPA Annual Meeting in New York, NY from February 28- March 5. AGPA is offering new professionals, *full-time* graduate students and psychiatric residents significantly reduced rates at the Sheraton New York Hotel & Towers. This special rate of **\$67.50** per person per room night is based on double occupancy. These rooms are handled on a first come, first served basis while they are available. Room shares are required. Each student room has two double beds. A minimum of two students will be assigned to a room. If you do not list a roommate in the space provided below, one will be assigned to you.

If you have a roommate, please make sure that you are both arriving and departing on the same day. AGPA attempts to assign roommates with similar arrival and departure dates. If in fact the dates are different or they change once the reservation has been secured, **you will be responsible for the full \$135.00 per night for any nights there are not two people occupying the room.**

If you are interested in taking advantage of this opportunity, please complete the bottom portion of this form and return it to Diane Feirman, CAE, Public Affairs Director by email at dfeirman@agpa.org or by fax to **(212) 979-6627** no later than Monday, January 10, 2011. **All inquiries regarding new professional/student/resident room reservations should be directed to Diane Feirman, not the Sheraton.** If you have already reserved a room at the Sheraton directly, please indicate this information so that a rate adjustment for your room may be arranged.

For any other questions, please contact Diane at dfeirman@agpa.org or **(877) 668-AGPA (2472)**. We look forward to your joining us in New York.

**NEW PROFESSIONAL/STUDENT/RESIDENT
ROOM RESERVATION REQUEST**

REPLY BY: January 10, 2011

Have you already made a reservation with the Sheraton New York Hotel & Towers? Yes No

Last Name: _____ First Name: _____ Sex: _____

Street: _____ Smoker? Yes No

City: _____ State: _____ Zip Code: _____

Telephone: Office:(_____) Home:(_____) Cell:(_____) _____

Email : _____

Sharing With: Last Name: _____ First Name: _____

(Please note: if you do not list a roommate here, one will be assigned to you)

SPECIAL REQUESTS: _____

ARRIVAL DATE: _____ HOUR: _____ A.M./P.M.

DEPARTURE DATE: _____ HOUR: _____ A.M./P.M.

For arrival and departure, please list day and date, for example: Monday, February 28

ROOM RATE: \$67.50 per person per night plus applicable taxes based on double occupancy

Reservations must be guaranteed with one night's room deposit by credit card or check (checks are to be made payable to the Sheraton New York Hotel & Towers).

VISA/BANK-AMERICARD MASTERCARD AMEX DISCOVER DINERS CLUB CARTE BLANCHE

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____