

# CONFERENCE REGISTRATION FORM

28th Annual International Conference on The Psychology of The Self - October 20-23, 2005 - Baltimore MD

Please keep a copy of the registration form and send the original! Or, Register on-line at [www.psychologyoftheself.com](http://www.psychologyoftheself.com)

Full payment must accompany registration form. All fees must be paid in U.S. FUNDS DRAWN AGAINST A U.S. BANK. VISA and MasterCard also will be accepted. Fees listed are in U.S. dollars. Please use one form per registration. Form may be photocopied. (Please print or type.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Degree(s) \_\_\_\_\_  
(To be printed on your nametag)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Profession \_\_\_\_\_ State/Professional License No. \_\_\_\_\_ (For Continuing Education Certificate)

Mailing Label Code \_\_\_\_\_ To help us minimize multiple mailings, please list the number or code found on the brochure mailing label even if it was not addressed to you.)

## IAPSP MEMBER

### MAIN CONFERENCE ONLY

Professional  By Sept. 20 \$395  After Sept. 20 \$425  
Student  \$230  \$245

### OPTIONAL PRE CONFERENCE

(1) Pre-Conference: Professional  By Sept. 20 \$95  After Sept. 20 \$110  
(1) Pre-Conference: Student\*  \$75  \$85  
(2) Pre-Conferences: Professional  \$150  \$165  
(2) Pre-Conferences: Student\*  \$110  \$120

## NON MEMBER

### MAIN CONFERENCE ONLY

Professional  By Sept. 20 \$495  After Sept. 20 \$525  
Student  \$280  \$295

### OPTIONAL PRE CONFERENCE

(1) Pre-Conference - Professional  By Sept. 20 \$115  After Sept. 20 \$130  
(1) Pre-Conference - Student\*  \$80  \$90  
(2) Pre-Conferences - Professional  \$175  \$190  
(2) Pre-Conferences - Student\*  \$115  \$125

## OPTIONAL TICKETS/ITEMS

Lunch Ticket  \$45  
Reception Ticket  \$45  
Faculty /Council Lunch Ticket  \$0  
Council Member Reception Ticket  \$0  
Guest Breakfast Ticket  \$25  
Translated Panel Papers  \$30/Set (Italian only)

## OPTIONAL PRE-CONFERENCE COURSE CHOICES

(Indicate your preferred choice and two alternatives for the AM & PM Sessions)

AM SESSION: Thursday 9:00 - 12:15  
1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

PM SESSION: Thursday 1:45 - 5:00  
1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

## ORIGINAL PAPERS AND WORKSHOPS SESSION CHOICES

SESSION A: Saturday, 8:30 - 10:00 AM  
1st Choice No. \_\_\_\_\_ 2nd Choice No. \_\_\_\_\_ 3rd Choice No. \_\_\_\_\_

SESSION B: Saturday, 10:30 - 12:00 Noon  
1st Choice No. \_\_\_\_\_ 2nd Choice No. \_\_\_\_\_ 3rd Choice No. \_\_\_\_\_

SESSION C: Sunday, 8:45 AM - 10:45 AM  
1st Choice No. \_\_\_\_\_ 2nd Choice No. \_\_\_\_\_ 3rd Choice No. \_\_\_\_\_

## NOT AN IAPSP MEMBER? BECOME ONE NOW!

Join now and register at the member rate – Enjoy substantial savings! Additional savings if you register for any of the preconference(s).

Visit the web site [www.psychologyoftheself.com](http://www.psychologyoftheself.com), 1) Complete the online application or 2) Print out the application and submit with your conference registration form and payment.

## PAYMENT INFORMATION

Payment must accompany registration form. Fees in U.S. dollars.

### Fee Totals:

Main Conference Fee \$ \_\_\_\_\_  
Optional Pre-Conference(s) Course Fee \$ \_\_\_\_\_  
Optional Luncheon Ticket(s) for Registrants/Guests \$ \_\_\_\_\_  
Optional Reception Ticket(s) for Registrants/Guests \$ \_\_\_\_\_  
Optional Breakfast(s) Tickets(s) for Guest \$ \_\_\_\_\_  
Translated Panel Papers \$ \_\_\_\_\_  
IAPSP Membership Fee \$ \_\_\_\_\_

(\*A letter must accompany Student registrations from the training director verifying full time-status. Photocopies of student ID will not be accepted.)

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Check Enclosed. Payable to: Self Psychology Fund  
(A \$25.00 U.S. fee will be assessed for returned checks)

Credit Card:  VISA  MasterCard

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Signature \_\_\_\_\_

Street Address on Credit Card Billing Statement \_\_\_\_\_

City, State or Province Country Zip/Postal Code \_\_\_\_\_

Check here if you will require ADA accommodations: Please list your requirements: \_\_\_\_\_

## CANCELLATION/REFUND POLICY

Refunds will be given less a \$50 administration fee if request is received in writing via email, fax or mail by October 5, 2005.

## MAIL PAYMENT OR FOR MORE INFORMATION

### Self Psychology Conference

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