

INTERNATIONAL FORUM FOR PSYCHOANALYTIC EDUCATION

2010 Conference Registration Form

ADVANCE REGISTRATION IS STRONGLY ADVISED. REGISTRATION FEE IS FOR THE CONFERENCE ONLY. GALA DINNER AND THURSDAY MUSIC NIGHT ARE SEPARATE FEES. **No DAY or PARTIAL RATES AVAILABLE.** PLEASE ALLOW 4-6 WEEKS FOR CONFIRMATION RECEIPT.

REGISTRATIONS POSTMARKED ON OR BEFORE 9/1/2010: \$250 MEMBERS \$270 NON-MEMBERS
POSTMARKED AFTER 9/1/2010: \$260 MEMBERS \$285 NON-MEMBERS
FULL-TIME STUDENT (NOT YET IN PRIVATE PRACTICE): \$95

REFUND POLICY: REQUEST FOR REFUND MUST BE MADE IN WRITING AND RECEIVED BEFORE OCTOBER 8, 2010; A 25% ADMINISTRATIVE FEE WILL BE CHARGED. REGISTRATION FEES ARE NON-REFUNDABLE FOR THOSE SCHEDULED TO PRESENT AT THE CONFERENCE.

IFPE ANNUAL MEMBERSHIP DUES: INDIVIDUAL \$95. FULL-TIME STUDENT \$50. DUES ARE FOR THE CALENDAR YEAR. NEW MEMBERS JOINING WITH THEIR CONFERENCE REGISTRATION WILL BE CONSIDERED PAID THROUGH 2011. RENEWING MEMBERS WILL BE CONSIDERED PAID THROUGH 2010. IFPE'S SOLE CRITERION FOR MEMBERSHIP IS A SELF-DECLARED INTEREST IN PSYCHOANALYSIS.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ EMAIL: _____

REGISTRATION AMOUNT INCLUDED \$ _____

MEMBERSHIP AMOUNT INCLUDED (IF APPLICABLE) \$ _____

SATURDAY NIGHT GALA DINNER AT \$80/PERSON. SPACE IS LIMITED.

OF PERSONS _____ x \$80 = \$ _____

THURSDAY MUSIC NIGHT AT \$40/PERSON (COVERS ADMISSION TO THE BLUEBIRD CAFE, TWO DRINKS AND TRANSPORTATION TO/FROM HOTEL). SPACE IS LIMITED.

OF PERSONS _____ x \$40 = \$ _____

TOTAL ENCLOSED \$ _____

PLEASE SPECIFY ENTRÉE FOR GALA DINNER (SELECT CHOICE FOR EACH PERSON REGISTERING):

SHORT RIBS SALMON GRILLED PORTOBELLO MUSHROOM

FOR US RESIDENTS, PAYMENT BY CHECK (MADE OUT TO "IFPE") IS PREFERRED AND MUCH APPRECIATED. PAYMENT BY VISA OR MASTERCARD ALSO AVAILABLE:

CARD No.: _____ - _____ - _____ - _____ EXPIRATION DATE ____/____/____

SIGNATURE _____ PRINT NAME AS ON CARD _____

CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE: _____ ZIP: _____

MAIL OR FAX (DO NOT EMAIL) REGISTRATION FORM WITH PAYMENT TO:

LINDA SCHULTZ, IFPE ADMINISTRATOR, 2102 MANNING AVENUE, LOS ANGELES, CA 90025
FAX: (207) 470-2819 QUESTIONS? CALL (310) 694-3463 OR EMAIL ADMIN@IFPE.ORG