

REGISTRATION INFORMATION

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- Workshops are filled on a first come, first served basis. Space is limited, so please indicate your 1st, 2nd and 3rd choices. Not listing your 2nd & 3rd Choices will delay your registration process.
- While early registration is highly suggested, be aware that workshops choices cannot be guaranteed as requested in all situations.
- To receive the early registration discount, your forms must be post-marked by February 10, 2010.
- **Attendees registering by mail with a postmark after February 10, 2010 must pay the on-site rate.**
- Member rates apply only to those having paid their 2010 Membership Dues.
- Anyone paying member rates, and not paid their dues to the ASGPP for 2010 (through 5/10), will be invoiced for such dues. The dues must be paid prior to the conference.

CANCELLATION POLICY

Request for cancellation must be postmarked by April 7, 2010. Cancellations will receive credit for the 2011 ASGPP Annual Conference. No refunds will be given.

PAYMENT PROCESS

The ASGPP prefers payment by check or money order in US funds but understands that it can be more convenient for individuals to use their credit card. Please do keep in mind that the ASGPP averages paying about 5% of the total for all credit card transactions. Your sending a check would save the ASGPP an average of \$20 per transaction. If, however, you must use a credit card, go to www.ASGPP.org and click on the Conference 2010 button and follow directions to register and to pay for your registration.



ASGPP 2010 ANNUAL CONFERENCE REGISTRATION FORM

NAME (INCLUDE DEGREES) _____
 ADDRESS _____
 CITY _____ STATE/PROVINCE _____
 ZIP/POSTAL ZONE _____ COUNTRY _____
 FIRST NAME/NICKNAME FOR BADGE _____
 PHONE _____ FAX _____
 E-MAIL _____
 In case of emergency notify: _____

PRESENTERS: Check here if you are a presenter
FIRST TIME ATTENDEES:
Check here if this is your first ASGPP Conference
ASGPP Member Status (check appropriate box):
 Member Student Member* Member Retiree**
 New Member (since 5/2009)
Non-Member Status (check appropriate box): Non-Member
 Non-Member Student* Non-Member Retiree**
 To join the ASGPP enclose an additional \$100 (Regular Member) or \$50 (Student/Retiree) with your registration fee and enjoy member rates today.
 Students must submit Student picture ID. _____

Please indicate if you have special needs _____ FOR OFFICE USE ONLY _____

REGISTRATION FEES

All fees are given in \$US

	Before February 10, 2010				After February 10, 2010		
	Mem Stud*/ Retiree**	Stud*/ Retiree**	Member	Non-Mem	Member	Non-Mem	
<input type="checkbox"/> Full Conference (Friday, Saturday and Sunday)	\$265	\$280	\$400	\$450	\$450	\$500	\$ _____
<input type="checkbox"/> 1 Day Conference Package (Fri, Sat or Sun) <small>Circle Your Choice(s)</small>	\$130	\$135	\$160	\$195	\$175	\$210	\$ _____
<input type="checkbox"/> Full Day Conference Institute (Thurs or Mon) <small>Circle Your Choice(s)</small>	\$130	\$135	\$160	\$195	\$175	\$210	\$ _____
<input type="checkbox"/> Half Day Conference Institute (Thurs or Mon) <small>Circle Your Choice(s)</small>	\$65	\$70	\$80	\$100	\$90	\$110	\$ _____

ADDITIONAL EVENT

Friday Awards Luncheon, Presentation and Celebration..... x \$30..... \$ _____
 Here's an additional tax-deductible contribution toward this year's Scholarship Fund..... \$ _____
2010 Membership Dues \$100 (regular) \$50 (Retiree or Student - must submit student picture ID)
 All members add (\$10) if you are from a country other than the US, Mexico or Canada..... \$ _____
 CEU Forms – we will provide one form that can be used for all licensures as verification..... \$20..... \$ _____
TOTAL AMOUNT DUE (\$US)..... \$ _____

Check here if you are interested in Room Sharing (This service ends on February 10, 2010. See previous page for complete details).
Please review ASGPP Cancellation Policy on previous page.

Please make checks payable to ASGPP, and return all registration forms to:
ASGPP, 301 N. Harrison Street, Suite 508, Princeton, NJ 08540

TO USE YOUR CREDIT CARD (Visa & MasterCard only)

Name as it appears on the credit card _____ Credit Card #: _____
 Expir. Date _____ Last 3 digits on signature line: _____ The 3-digit CVV code is located on the reverse side of your card and essential to process your charge.
 Billing address for card if different from above _____
DO NOT E-MAIL credit card information. Mail this form to the ASGPP or send it along with the Workshop Registration page on reverse via secure fax to: 609-737-8510.

GROUP RATES: ASGPP is offering a special group rate for the Full Conference to college/university students and agency employees. Six (6) or more students must register together at the Group Rate of \$230/per person. *Students must be matriculating in an accredited college/university and carrying a minimum load of 9 credits and/or pursuing a full-time residency or internship. All student registrations must be sent in the same envelope and include photocopies of college/university picture identification. We are also offering a group rate for three (3) or more attendees from a mental health or medical agency or hospital at the rate of \$415 per person. Registrations must be sent together with a letter from the agency/hospital administration, listing the attendees/employees.

ASGPP is offering a group rate to psychodrama training institutes at a rate of \$350. All registrants must be members of the ASGPP. Registrations must be sent together in the same envelope with a cover letter from the trainer listing the names of the trainees.
Please note: Anyone paying a "Group Rate" is considered a "Full Conference Registrant" and may attend the Awards Luncheon for an additional \$30.
 ** A "Retiree" is someone that is no longer employed, doing training or in private practice.

IMPORTANT: Please sign up for workshops on the following page.
 We cannot process your registration if you have not signed up for the workshops you wish to attend.

WORKSHOP REGISTRATION

Last Name _____

Please list your top **three choices** in order of preference for each workshop time frame. Space is extremely limited this year. **If you do not list three choices, you may not get a workshop in that time slot.** The numbers in parentheses indicate the workshops that are available during each time slot. **Choose carefully.**

	1st CHOICE	2nd CHOICE	3rd CHOICE
Thursday April 15, 2010 - Pre-Conference			
9:30 am - 5:30 pm *Full Day Training Institutes..... (#1-6)			
9:30 pm - 12:30 pm *Morning Training Institutes..... (#7-9)			
2:30 pm - 5:30 pm *Afternoon Training Institutes..... (#10-12)			
Friday April 16, 2010			
10:00 am - 12:30 pm Morning Workshops..... (#13-22)			
3:00 pm - 5:30 pm Afternoon Workshops..... (#23-32)			
5.45 pm - 7:15 pm 90-Minute Workshops..... (#33-42)			
Saturday April 17, 2010			
10:00 am - 12:30 pm Morning Workshops..... (#43-53)			
12:45 pm - 2:15 pm 90-Minute Workshops..... (#54-64)			
2:30 pm - 5:00 pm Afternoon Workshops..... (#65-75)			
5:30 pm - 7:00 pm Evening Workshops..... (#76-86)			
Sunday April 18, 2010			
10:30 am - 1:00 pm Morning Workshops..... (#87-97)			
2.15 pm - 4:45 pm Afternoon Workshops..... (#98-108)			
Monday April 19, 2010 - Post-Conference			
9:00 am - 5:00 pm *Full Day Institutes..... (#109-111)			
9:00 am - 1:00 pm *Morning Institutes..... (#112-113)			

***Additional Registration Fee Required**

SESSION ASSISTANTS & VOLUNTEERS NEEDED!

SESSION ASSISTANTS are an important element of the ASGPP conference program. Please indicate below if you are interested in participating as a Session Assistant at this year's conference. The Session Assistant Coordinators will contact you prior to the meeting, to confirm your appointment and assign you to specific workshops. Session assistants duties are before, during, and immediately after each workshop session. You must be timely, responsible, and able to collect and return evaluations to a designated site. If you have any questions about being a session assistant, please contact Kathy Brennan at jedr166@aol.com

VOLUNTEERS have many functions and work to assist any part of the conference, outside of sessions. Volunteers help work registration, assist conference chairs, meet and greet. These are flexible generalist roles. If you have any questions about being a volunteer, please contact Kathy Brennan at jedr166@aol.com or Cindy Edgar at CMEdgar@aol.com.

Yes, I am interested in being a **session assistant** for (please circle one) 1 2 3 sessions

Yes, I'm interested in being a **volunteer**.

NAME _____ PHONE (day) _____

E-MAIL _____ PHONE (evening) _____