

ASGPP 2017 ANNUAL CONFERENCE REGISTRATION FORM

NAME (INCLUDE DEGREES) _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL ZONE _____ COUNTRY _____

FIRST NAME/NICKNAME FOR BADGE _____

PHONE _____ E-MAIL _____

PROFESSION (eg. Social Worker, Psychologist) _____

In case of emergency notify: _____

(ADA) - Please indicate if you have special needs _____

FOR OFFICE USE ONLY

Check all that apply

- Presenter
- First Time ASGPP Conference Attendee
- Retiree (no longer employed, doing training or in private practice)
- Student (matriculated in an accredited college/university program)
- Member Non-Member New Member
- Psychodrama Training Group Member (See Group Rates below for discount qualifications)
Specify Group _____

NEW MEMBER INCENTIVE

Become a member today and receive a special conference promotion discount of 50% on your dues and enjoy member rates to attend the conference. New member rates are \$60 (regular) and \$30 (student). This offer is limited to those who have never been an ASGPP member. **Students must submit Student picture ID.**

REGISTRATION FEES

All fees are given in \$US

					Before March 25, 2017		After March 25, 2017		
	Member Student	Member Retiree	Non-Mem Student	Non-Mem Retiree	Member	Non-Member	Member	Non-Member	
<input type="checkbox"/> Full Conference (Friday, Saturday and Sunday)	\$310	\$310	\$325	\$325	\$450	\$575	\$500	\$625	\$ _____
<input type="checkbox"/> 1 Day Conference Package (Fri, Sat or Sun) <small>Circle Your Choice(s)</small>	\$130	\$130	\$135	\$135	\$160	\$195	\$175	\$210	\$ _____
<input type="checkbox"/> Full Day Conference Institute (Thurs)	\$130	\$130	\$135	\$135	\$160	\$195	\$175	\$210	\$ _____
<input type="checkbox"/> Half Day Conference Institute (Thurs)	\$65	\$65	\$70	\$70	\$80	\$100	\$90	\$110	\$ _____

ADDITIONAL EVENTS

- Friday Awards Dessert Reception (included in Full Conference package)..... x \$20..... \$ _____
- Boxed Lunch - circle which days apply (Thurs Fri Sat Sun) (menu will be sent)..... x \$30 Per day \$ _____
- Here's an additional tax-deductible contribution toward this year's Scholarship Fund..... \$ _____
- 2017 Membership Dues \$120 (regular) \$60 (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..... \$ _____
- CE Forms – we will provide one form that can be used for all licensures as verification..... \$30..... \$ _____

TOTAL AMOUNT DUE (\$US)..... \$ _____

I understand and accept the following ASGPP Cancellation Policy.

Request for cancellation must be postmarked by April 20, 2017. While no refunds will be given, cancellations will receive credit for the 2018 ASGPP Annual Conference ONLY. Credit is non-transferable and is only applicable to the person requesting the credit for the next year.

Return all registration forms to: ASGPP, 301 N. Harrison Street, Suite 508, Princeton, NJ 08540

Please make checks payable to ASGPP. If you choose to pay by credit card, you will be invoiced. Invoices must be paid in order for registration to be processed and your workshop seats to be reserved. Please keep in mind that we will calculate and charge a 2.2% fee to the Total Amount Due. To avoid paying this fee, you may mail this form with your check to the address above.

GROUP RATES: PSYCHODRAMA TRAINEE RATES: ASGPP is offering a reduced rate to psychodrama training institute trainees - \$400 per person. All registrants taking advantage of the trainee rate must be members of the ASGPP. Participation in a training group will be verified in order for the discounted rate to apply.

ASGPP is offering a special group rate for the Full 3 day Conference to college/university students and agency employees. Six (6) or more students must register together at the Group Rate of \$255/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 \$440 per person. Registrations must be sent together with a letter from the agency/hospital administration, listing the attendees/employees. **Please note: Anyone paying a "Group Rate" is considered a "Full Conference Registrant".**

IMPORTANT: Your registration will not be processed if you have not noted the workshops you wish to attend and have not acknowledged the above stated cancellation policy. Registrations will not be processed until payment is received. There are no exceptions.

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 May 4, 2017 - Pre-Conference			
9:30 am - 5:30 pm *Full Day Training Institutes..... (#1-6)			
9:30 pm - 1:00 pm *Morning Training Institutes..... (#7-10)			
2:00 pm - 5:30 pm *Afternoon Training Institutes..... (#11-14)			
Friday May 5, 2017			
10:00 am - 1:00 pm ALL Morning Workshops will be sociometrically selected ONSITE ONLY - at 9:00 am SHARP immediately following Plenary			
3:00 pm - 6:00 pm Afternoon Workshops..... (#26-36)			
Saturday May 6, 2017			
10:00 am - 1:00 pm Morning Workshops..... (#37-47)			
1:30 pm - 3:00 pm 90-Minute Workshops..... (#48-58)			
3:30 pm - 6:30 pm Afternoon Workshops..... (#59-69)			
Sunday May 7, 2017			
9:30 am - 12:30 pm Morning Workshops..... (#70-80)			
1:00 pm - 2:30 pm 90-Minute Workshops..... (#81-90)			
3:00 pm - 6:00 pm Afternoon Workshops..... (#91-101)			

***Additional Registration Fee Required**

How did you hear about the conference? Mailer Online Trainer/Teacher Ad in publication Colleague/Friend

Please specify: _____

SESSION ASSISTANTS & VOLUNTEERS NEEDED!

VOLUNTEER SERVICE is a vital part of the ASGPP community and a successful conference program. We have four areas of volunteering: General Volunteer, Session Assistants, Onsite Processing Team Members and Silent Auction/Treasure Chests assistants. You can contact the coordinator of these areas to find out more about them or ask questions. Please indicate which area of volunteering you are interested in. The Coordinator of that area will contact you. **We hope you will offer your services both on site and prior to the conference.**

- Yes**, I am interested in being a **General Volunteer**. (Coordinator: Debbie Ayers, 609-737-8500, debbie@asgpp.org)
- Yes**, I am interested in being a **Session Assistant**. (Coordinator: Debbie Ayers, 609-737-8500, debbie@asgpp.org)
- Yes**, I am interested in being a **Onsite Processing Team Member**. (Coordinator: Jodi DeSciscio, 813-817-2709, ricjodi@verizon.net)
- Yes**, I am interested in helping with the **Silent Auction/Treasure Chests**. (Coordinator: Julie Wells, 727-688-5800, cuerco@aol.com)

Please circle the days you are available: Thursday Friday Saturday Sunday

NAME _____ PHONE (day) _____

E-MAIL _____ PHONE (evening) _____