

ASGPP 2019 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*)
 - Veteran Member (code # _____)
 - Member Non-Member New Member
 - Psychodrama Training Group Member (*See Group Rates on page 2 for discount qualifications*)
- Specify Group _____

NEW INDIVIDUAL DOMESTIC 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 \$65 (regular) and \$33 (student). This offer is limited to those who have never been an ASGPP member. **Students must submit Student picture ID.**

MEMBERSHIP DUES:

To join, renew or reinstate a domestic/international, individual/organizational **membership**, as well as for a diplomate status, please go to: www.asgpp.org/Membership-purchase-link.php

REGISTRATION FEES

All fees are given in \$US

			<i>Before March 22, 2019</i>		<i>After March 22, 2019</i>			
	Member Student / Retiree	Non-Member Student / Retiree	Member	Non-Member	Member	Non-Member		
<input type="checkbox"/> Full Conference (Friday, Saturday and Sunday)	\$325	\$375	\$475	\$660	\$525	\$720	\$	_____
<input type="checkbox"/> 1 Day Conference Package (Fri, Sat or Sun) <small><i>Circle Your Choice(s)</i></small>	\$140	\$155	\$170	\$225	\$185	\$245	\$	_____
<input type="checkbox"/> Full Day Conference Institute (Thurs)	\$140	\$155	\$170	\$225	\$185	\$245	\$	_____
<input type="checkbox"/> Half Day Conference Institute (Thurs)	\$70	\$80	\$85	\$115	\$95	\$130	\$	_____

10% off across the board for Veterans

ADDITIONAL

- Friday Awards Luncheon & Ceremony (included in Full Conference package).....x \$45..... \$ _____
 - Here's an additional tax-deductible contribution toward this year's Scholarship Fund**..... \$ _____
 - 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 5, 2019. While no refunds will be given, cancellations will receive credit for the 2020 ASGPP Annual Conference ONLY. Credit is non-transferable and is only applicable to the person requesting the credit for the next year.

I understand and accept the following ASGPP Disclaimer.

ASGPP activities and workshops are educational in nature. They are not intended as therapy. Participation in all activities is voluntary. Psychodrama often involves movement and touch. Therefore, participants are urged to communicate to their facilitator in advance, or in the moment, any sensitivities they may have to touch or movement. If any participant is uncomfortable with, or in, any part of a workshop or exercise, they are free to decline to participate, to discontinue their participation, or to ask for assistance from the facilitator. All facilitators and participants are required to follow ASGPP's policy prohibiting sexual harassment.

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

You may send your **check** or **money order** to ASGPP or you may pay with your **credit card** as directed by the registration process online. Payment must be received in order for registration to be processed and your workshop seats to be reserved.

GROUP RATES: ASGPP is offering a group rate to psychodrama training institutes, college/university students and agency employees, and three (3) or more attendees from a mental health or medical agency or hospital. See details on the previous page.

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 2, 2019 - Pre-Conference			
9:00 am - 5:00 pm *Full Day Training Institutes..... (#1-9)			
9:00 pm - 12:30 pm *Morning Training Institute..... (#10)			
1:30 pm - 5:00 pm *Afternoon Training Institute..... (#11)			
Friday May 3, 2019			
9:45 am - 12:45 pm ALL Morning Workshops will be sociometrically selected ONSITE ONLY - at 9:00 am SHARP immediately following Plenary			
3:30 pm - 6:30 pm Afternoon Workshops..... (#23-33)			
Saturday May 4, 2019			
9:45 am - 12:45 pm Morning Workshops..... (#34-44)			
2:45 pm - 4:15 pm 90-Minute Workshops..... (#45-55)			
4:30 pm - 7:30 pm Afternoon Workshops..... (#56-66)			
Sunday May 5, 2019			
9:45 am - 12:45 pm Morning Workshops..... (#67-77)			
1:45 pm - 3:15 pm 90-Minute Workshops..... (#78-83)			
3:30 pm - 6:30 pm Afternoon Workshops..... (#84-92)			

***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, Hosting/Greeter Volunteers, Registration Area Volunteers, Session Assistants, Triage Team Members and Silent Auction/Baskets 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: Maria Mellano, MariaMellanoLICSW@gmail.com, 617-913-3898)**
- Yes, I am interested in being a Session Assistant. (Coordinator: Darlene Vanchura, darvee_2000@yahoo.com, 817-371-4312)**
- Yes, I am interested in being a Triage Team Member. (Coordinator: Viereglyn Chery-Reed, vierge@groundinghearts.com, 857-600-2449)**
- Yes, I am interested in helping with the Silent Auction/Baskets. (Coordinator: Maria Mellano, MariaMellanoLICSW@gmail.com, 617-913-3898, 112 Water Street, Suite 203, Boston, MA 02109)**

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

NAME _____ PHONE (day) _____

E-MAIL _____ PHONE (evening) _____