

2018 HOUSTON ANNUAL MEETING • FEBRUARY 26 - MARCH 3

REGISTER NOW!!

LOCATION AND ACCOMMODATIONS

The 2018 Annual Institute and Conference will be held at
The Westin Galleria & Westin Oaks Houston
5060 West Alabama Street
Houston, TX 77056
888-627-8514 or 713-960-8100

HOTEL ROOM RATES

BEFORE NOVEMBER 30, 2017*
\$179.00 Single/Double occupancy
*Discounted hotel rate before 11/30/17 requires one night non-refundable deposit

DECEMBER 1, 2017 and AFTER
\$199.00 Single/Double occupancy

Attention Students: Even further room discounts are available to new professionals, full-time students, and psychiatric residents (\$64.50 per person/double occupancy required). Student rooms are handled on a first-come, first-served basis while they are available. Room shares are required. All inquiries for student housing are to be addressed to the AGPA office only and must be accompanied by verification of status.

TO REGISTER

By Mail: Complete the form and mail it with your check or credit card information to AGPA, c/o Chase Manhattan Bank, Church Street Station, PO Box 6359, New York, NY 10249-6359. (Non-U.S. residents are requested to have checks drawn on U.S. banks.) Only an agency voucher or purchase order will be accepted with the registration in lieu of payment.

By Fax: Complete the form, including credit card information; sign and fax to AGPA at (212) 979-6627. Please do not mail faxed registration forms to the office. (Please verify receipt by phone within 48 hours of transmission.)

SPECIAL OFFER! Apply for AGPA membership and register for the Meeting at member rates.

DISCOUNTS

- ♦ **Military:** A 35% discount off registration rates is available to active military clinicians as well as to clinicians and chaplains working with active duty military and veterans.
- ♦ **Agency/Institutions:** First registration at the full rate with additional registrations from the same agency at a 35% discount. Agency/Institution registrations may be shared among personnel. **Registration forms must be forwarded together and accompanied by a listing of the names of registrants on agency letterhead stating personnel are full-time or part-time employees whose sole source of income is from the agency. Letter should also verify the agency or institution as a non-profit.**
- ♦ **New Professionals/Students/Residents/Retirees –** A 35% discount is available off registration rates. Students/Residents must furnish a statement of full-time enrollment. The New Professional fee is applicable to Students/ Residents for three years after date of graduation. **(Only one discount may be applied.)**

REFUND POLICY

Cancellations must be submitted in writing by February 1, 2018 and will be subject to a \$50 service charge. No refunds are issued after February 1.

AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION, INC.

Registration/Member Service Center: Phone: (212) 477-2677 • Toll Free: (877) 668-AGPA (2472) • Fax: (212) 979-6627
E-mail: registration@agpa.org • Website: www.agpa.org

REGISTER BY DECEMBER 31, 2017

INSTITUTE FEES – February 26-28

Special Institute: February 26	
Member	\$275.00
Non Member	\$335.00
2-Day Institute: February 27 & 28	
Member	\$400.00
Non Member	\$530.00

CONFERENCE FEES – March 1-3

Full 3 Days (workshops included)	
Member	\$530.00*
Non Member	\$720.00*
Single Day (workshops included)	
Member	\$230.00
Non Member	\$285.00

5-DAY SUPER SAVER PACKAGE:

2-Day Institute & 3-Day Conference registration. (This fee does not include Special Institute.)	
Member	\$845.00*
Non Member	\$1145.00*

*Includes Group Foundation Evening Event and Conference Luncheon.

SPECIAL OFFER: Register for the Special Institute plus the Five-Day Package and deduct \$50.00 from your total fees.

SPOUSE/GUEST PACKAGE: \$325.00 includes Spouse/Guest Breakfast, Public Education Event, two Plenary Events, GF Evening Event, GF Conference Luncheon. (Discounts do not apply.)

- Special Institute Registration: Dr. Peter Fonagy OR Dr. Elliot Zeisel
- Institute Registration (Events are selected when program is available.)
- Conference Registration (Events are selected when program is available.)
- Spouse/Guest Package. Name: _____

NAME: _____ DEGREE _____ GENDER: M F O

BADGE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: Office: _____ Home: _____

Mobile: _____ E-MAIL: _____

Please indicate the best method of contact during the Annual Meeting: mobile email

Do you have any disabilities which require special accommodation? If so, please identify your specific needs in a separate letter.

Status: AGPA Member AGPA Applicant Nonmember

Profession (Psychiatrist, Social Worker, etc...) _____

Prior AGPA meetings attended _____ Years of group psychotherapy practice _____

Total is \$ _____ Discount applicable: Agency/Institution
 Active Military Clinician
 New Professional/Student/Resident/Retiree
 American Express

Check enclosed Visa MasterCard American Express

Acct#: _____ Expiration Date: _____

Signature: _____

FOR OFFICE USE: NO _____ REC'D _____ PROC'D _____ AMT PD _____
AMT DUE _____ RFD _____ REG _____