



AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION, INC.

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**ATTENTION
ALL NEW PROFESSIONALS/STUDENTS/PSYCHIATRIC RESIDENTS**

Thank you for registering for the 2005 AGPA Annual Meeting in New York, from March 7-12, 2005. AGPA is offering new professionals, *full-time* graduate students and psychiatric residents significantly reduced rates at the Sheraton New York Hotel and Towers. This special rate of \$49.50 per person per room night is based on double occupancy. These rooms are handled on a first come, first served basis while they are available. Room shares are required. Each student room has two double beds. A minimum of two students will be assigned to a room. If you do not list a roommate in the space provided below, one will be assigned to you.

If you have a roommate, please make sure that you are all arriving and departing on the same day. AGPA attempts to assign roommates with similar arrival and departure dates. If in fact the dates are different or they change once the reservation has been secured, **you will be responsible for the full \$99.00 per night for any nights there are not two people occupying the room.**

If you are interested in taking advantage of this opportunity, please complete the bottom portion of this form and return it by mail to the Association address listed above or by fax to **(516) 868-9564 no later than Monday, February 14, 2005**. **All inquiries regarding new professional/student/resident room reservations should be directed to Lois Miller and not the Sheraton New York Hotel and Towers.** If you have already reserved a room at the Sheraton New York Hotel and Towers directly, please indicate this information so that a rate adjustment for your room may be arranged.

For any other questions, please contact Lois Miller, Meeting Planner at **(516) 868-9563**. We look forward to your joining us in New York.

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NEW PROFESSIONAL/STUDENT/RESIDENT ROOM RESERVATION REQUEST

REPLY BY: FEBRUARY 14, 2005

Have you already made a reservation with the Sheraton New York Hotel and Towers? Yes No

PLEASE PRINT.

Last Name: _____ First Name: _____ Sex: _____

Street: _____ Smoker? Yes No

City: _____ State: _____ Zip Code: _____

Telephone: Office: _____ Home: _____ Email: _____

Sharing With: Last Name: _____ First Name: _____

SPECIAL REQUESTS: _____

ARRIVAL DATE: _____ HOUR: _____ A.M./P.M.

DEPARTURE DATE: _____ HOUR: _____ A.M./P.M.

ROOM RATE: \$49.50 per person per night plus applicable taxes based on double occupancy

Reservations must be guaranteed with one night's room deposit by credit card or check (checks are to be made payable to the Sheraton New York Hotel and Towers).

VISA/BANK-AMERICARD MASTERCARD AMEX DISCOVER DINERS CLUB CARTE BLANCHE

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____