



**AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION, INC.**

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

Thank you for registering for the 2009 AGPA Annual Meeting in Chicago, IL from February 16-21. AGPA is offering new professionals, **full-time** graduate students and psychiatric residents significantly reduced rates at the Sheraton Chicago Hotel & Towers. This special rate of \$54.50 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 both 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 \$109.00 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, January 19, 2009**. All inquiries regarding new professional/student/resident room reservations should be directed to Lois Miller and **not** the Sheraton Chicago Hotel & Towers. If you have already reserved a room at the Sheraton Chicago Hotel & 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 Chicago.

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**NEW PROFESSIONAL/STUDENT/RESIDENT ROOM RESERVATION REQUEST**

**REPLY BY: January 19, 2009**

Have you already made a reservation with the Sheraton Chicago Hotel & 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: \$54.50 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 Chicago Hotel & Towers).*

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

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_