

Sheraton New York Hotel & Towers, New York City

American Group
Psychotherapy
Association

2011

**Group as a Source of
Resilience and Change**

**Special Institute:
Monday, February 28**

**Institute:
Tuesday & Wednesday, March 1 & 2**

**Conference:
Thursday-Saturday, March 3, 4, & 5**



2011 NEW YORK ANNUAL MEETING • FEBRUARY 28-MARCH 5

REGISTER NOW!!

LOCATION AND ACCOMMODATIONS

The 2011 Annual Institute and Conference will be held at
 Sheraton New York Hotel & Towers
 811 Seventh Avenue
 New York, NY 10019
 1-800-325-3535 or 212-581-1000

By Fax: Complete the form, including credit card information; sign and fax to AGPA at (301) 869-8608. 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.

LIMITED TIME OFFER until October 31, 2010

(Non-refundable one night deposit required for this rate.)

**HOTEL ROOM RATE: \$185.00 single/double occupancy;
 \$235.00 Club Level**

DISCOUNTS

Active Military Clinicians: A 35% discount off registration rate is available.

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 employees and verifying the agency or institution as a non profit.**

New Professionals/Students/Residents/Retirees - A 35% discount is available off registration rates. (Discounts not applicable when using institutional discounts.) 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.

BEGINNING NOVEMBER 1

**HOTEL ROOM RATE: \$209.00 single/double occupancy;
 \$269 Club Level**

Attention Students: Even further room discounts are available to new professionals, full-time students and psychiatric residents (\$67.50 per person/double occupancy required). Student rooms are handled on a first-come, first-serve 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.

REFUND POLICY

Cancellations must be submitted in writing by January 28, 2011 and will be subject to a \$50 service charge. No refunds are issued after January 28th.

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, P.O. 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.

AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION, INC.

Registration/Member Service Center: Phone: (240) 243-2236 • Toll Free: (888) 808-AGPA (2472) • Fax: (301) 869-8608

E-mail: memberservices@agpa.org • Website: www.agpa.org

REGISTER BY NOVEMBER 30, 2010

INSTITUTE FEES - February 28-March 2

Special Institute: February 28
 Member \$250.00
 Non Member \$310.00

2-Day Institute: March 1 & 2

Member \$350.00
 Non Member \$480.00

CONFERENCE FEES - March 3-5

Full 3 Days (workshops included)
 Member \$480.00*
 Non Member \$670.00*
 Single Day (workshops included)
 Member \$205.00
 Non Member \$260.00

5-DAY SUPER SAVER PACKAGE:

2-Day Institute & 3-Day Conference registration.
 (This fee does not include Special Institute.)
 Member \$755.00*
 Non Member \$1010.00*

*Includes GPF 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: \$275.00 includes Spouse/Guest Breakfast, Public Education Event, two Plenary Events, Conference Open Sessions, GPF Evening Event, GPF Conference Luncheon, (Discounts not applicable.)

- Special Institute Registration: Dr. Richard Billow OR Dr. Judith Cochè
 Institute Registration: Choices: 1st _____ 2nd _____ 3rd _____ 4th _____
 Conference Registration (Events are selected when program is available.)

Spouse/Guest Package. Name: _____

Please send me an Annual Meeting program as soon as it is available.

NAME: _____ DEGREE _____ SEX: M F

BADGE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Telephone: Office: _____ Home: _____

Fax: _____ E-mail: _____

Status (check all that apply): AGPA Member AGPA Applicant Board Member
 Nonmember Conference/Institute Committee Member Faculty Member

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

Prior AGPA meetings attended _____ Years of group psychotherapy practice _____

Yes, register me for the 2011 Meeting Now!

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

Acct#: _____ Expiration Date: _____

Signature: _____

FOR OFFICE USE: NO _____	REC'D _____	PROC'D _____	AMT PD _____
AMT DUE _____	RFD _____	REG _____	B4-MTG-RATES _____