Registration Form

18th Annual LGBTIQ Psychotherapy Conference Sunday, November 3, 2013

Phillips Graduate Institute, 19900 Plummer St., Chatsworth, CA 91311 REGISTRATION DEADLINE: This form and payment must be returned by October 30, 2013.

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Name (print):					WORKSHOP SELECTION			
					For each concurrent	session, please identify	y your first and second	
Degree / License:					choice for each session by writing the workshop number in the spaces below. This information is for conference planning only—			
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Address:					the conference.		, , , , , , , , , , , , , , , , , , , ,	
Address:								
				П	Session 1	Session 2	Session 3	
City:		State:	Zip:	7 [1A, 1B, 1C	2A, 2B, 2C, 2D	3A, 3B, 3C	
,			'		1 st Choice:	1 st Choice:	1 st Choice:	
					2 nd Choice:	2 nd Choice:	2 nd Choice:	
Phone:								
					If you are a presenter or valuntoor please check this boy			
					If you are a presenter or volunteer, please check this box. □ If you are seeking CAADAC CEUs please check this box. □			
Email*:					if you are seeking CAADAC CEOS please check this box. \Box			
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License or Intern Registration number:				11.	METHOD OF PAYMENT ☐ A check in the amount of \$ made payable to LAGPA			
Electise of intern registration number.								
					<u>OR</u>			
*Registration will be confirmed via email. Please print your email clearly.								
					Charge my: □ VISA □ Master Card □ American Express (Check appropriate box)			
The cost of CE, breakfast, lunch, and parking for each attended workshop is included in the registration fee.					Name of Cardholder (as it appears on card)			
-1				,	Please Print:			
CONFERENCE PRE-REGISTRATION								
Check Your Category					Credit Card Number (print clearly):			
Member (already a								
□ Current LAGPA Regular/Associate Member \$155 □ Current LAGPA Student/Intern/Retiree Member \$100								
□ Current LAGP	A Student/Intern/	Retiree Memb	er \$ 100					
If you are not a current member, simply visit our website at					Exp. Date/	Zip Coo	de:	
www.LAGPA.org and register as a member. Being a member gives you significant discount.								
					Authorizing Signature:			
Non-Member								
□ Non-Member/Non-Associate Member \$ 185					Total Amount To Be Charged \$			
□ Non-Member Student/Intern/Retiree \$ 130								
				. –				
					MAIL COMPLETED F	REGISTRATION FORMS	WITH PAYMENT TO:	

LAGPA Conference Registration PO Box 34142, Los Angeles, CA 90034

OR, FAX To: 310-838-6769

OR, Scan and email to: LAGPA@sbcglobal.net

Note: All Students must be unlicensed and must include documentation of full time student status. Please enclose a copy of your current student ID with your registration form