Conference of Europe, the MidEast and South Africa:
A Challenging Treatment in Challenging Times: Subjective Body Experience in Treatment
Saturday, November 21, 2020

CONFERENCE REGISTRATION

Please use one form per registration.

Last Name: First Name: Degree(s):

Address:

City: State: ZIP/ Postal Code: Country:

Phone Number: ( ) E-Mail:

Profession (please check): Social Worker: _____ Psychologist: _____ Physician: _____ Other: _____

REGISTRATION FEES:

Please indication registration type by checking the box:

IAPSP Members:		✓
Professional	**$75**	
Student / Candidate / Early Career Professional*	**$35**	
Nonmembers:		
Professional	**$95**	
Student / Candidate / Early Career Professional*	**$45**	
Fees based on Geographic Area:**		
South Africa	**$25**	
Turkey / Iran	**$15**	

***Early Career Professionals are in practice for less than 5 years and have completed graduate school in 2015 or later.**

****Fees based on Geographic areas are for any registrant from the countries / areas listed, regardless of membership or professional status.**

Simultaneous translation (English-Hebrew), (English – Italian) and (English-Turkish) will be available for the clinical presentation, discussion and question / answer portions of the program.

All registrants will be assigned post presentation discussion groups. There will be Hebrew, Italian and Turkish language groups available. Please select here to be added to the Hebrew, Italian or Turkish group.

Hebrew _____ Italian _____ Turkish _____

CANCELLATION/REFUND POLICY

Refunds will be given less a $15.00 administration fee if request is received in writing via email, fax or mail by November 7th, 2020. Cancellations received after November 7th cannot be accepted.

PAYMENT INFORMATION

*Payment must accompany registration form. Fees in **U.S. dollars**.*

TOTAL AMOUNT DUE **$**_____

☐ Check Enclosed. Payable to: **IAPSP**
(A $25.00 U.S. fee will be assessed for returned checks)

☐ Credit Card: ☐ VISA ☐ MasterCard ☐ AMEX

Card #:

Exp. Date: 3- or 4-Digit Security Code#:

Signature:

Credit Card Billing Statement Address:

IF PAYING BY CHECK, MAIL REGISTRATION FORM AND PAYMENT TO

IAPSP
10685-B Hazelhurst Dr. #26072 Houston, TX 77043 USA
Phone: (888) 699-9299
Email: admin@iapsp.org **Web**: www.iapsp.org
WE CAN ONLY ACCEPT CHECKS FROM THE UNITED STATES IN USD.