



**Conference of The Pacific Rim:
A Challenging Treatment in Challenging Times:
An Aversion to One's Gender and Gender Inequality: A Japanese Case in Self Psychological Treatment**

Sunday, January 31st, 2021 / Saturday, January 30th, 2021
(please confirm your time zones for start times)

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 indicate registration type by checking the box:

IAPSP Members:		✓
Professional	\$75	
Student / Candidate / Early Career Professional*	\$35	
Nonmembers:		
Professional	\$85	
Student / Candidate / Early Career Professional*	\$45	
Fees based on Geographic Area:**		
South Africa / South America	\$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-Japanese), (English – Mandarin) and (Japanese – Mandarin) 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 English, Japanese and Mandarin language groups available. Please select here to be added to the Japanese or Mandarin group.

Japanese _____ Mandarin _____

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 January 17th, 2021. Cancellations received after January 17th 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.