



Conference of Europe, the MidEast and South Africa:  
Kohut's Legacy – Continuous Source of Inspiration  
40 Years After Kohut, 50 Years to *The Analysis of the Self*  
Saturday, January 22, 2022

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:

<b>IAPSP Members:</b>		<input checked="" type="checkbox"/>
Professional	\$75	
Student / Candidate / Early Career Professional*	\$35	
<b>Nonmembers:</b>		
Professional	\$95	
Student / Candidate / Early Career Professional*	\$45	
<b>Fees based on Geographic Area:**</b>		
South Africa / Turkey / Iran	\$25	
South America	\$25	

\*Early Career Professionals are in practice for less than 5 years and have completed graduate school in 2016 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), (English – Farsi) 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 English, Hebrew, Italian, Farsi and Turkish language groups available. Please indicate here which language group to be added to.

Language: \_\_\_\_\_

**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 7th, 2022. No refunds are available for cancellations received after January 7, 2022.

**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](mailto:admin@iapsp.org) Web: [www.iapsp.org](http://www.iapsp.org)  
WE CAN ONLY ACCEPT CHECKS FROM THE UNITED STATES IN USD.