

PATHWAYS TO INTEGRATION

PLEASE PRINT OR TYPE — complete a separate form for EACH registrant

First Name _____

Last Name _____

Name of institution/organization (if applicable) _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

Check all that apply: PhD MSW LPC MFT MD MEd APRN RN Other: _____

2. Additional Items for Purchase:

- President's Reception Member \$30 _____ Non-member \$50 _____
(Free with full registration)
- Awards Luncheon Member \$47 _____ Non-Member \$60 _____
(Free with full registration)
- (Special meals required: Vegetarian Kosher)
- Conference recordings on MP3 CDs Member \$75 _____ Non-Member \$95 _____
(Free with full registration)
- CE Fee (non MD) Member \$50 _____ Non-Member \$55 _____
- CME Fee (MD) Member \$85 _____ Non-Member \$95 _____
- Certificate of Attendance Member \$50 _____ Non-member \$75 _____
- Historic collection of Plenaries on CD Member \$20 _____ Non-Member \$45 _____

All fees are US\$. International registrants must remit payment in U.S. funds drawn on a U.S. bank.

My check is enclosed for: \$ _____

Please charge my Visa MasterCard Discover AMEX

1. Registration Fee(s) = \$ _____
2. Additional Items for Purchase = \$ _____
3. Membership Dues (see pg. 29) = \$ _____
Sub-total = \$ _____
TOTAL = \$ _____

Please note: the ISSTD Federal Tax Identification Number is 36-3465788.

* Students must provide a photo copy or other verification of full time student status.

* Registrants from non-profit agencies must provide their organization's tax ID number.

Card Number _____

Expiration date _____ Signature _____

Cardholder name if different from registrant _____

Billing Address if different from above _____

PAYMENT

Complete and return this form with payment to:
International Society for the Study of Dissociation
8400 Westpark Drive, 2nd Floor
McLean VA, 22102 USA
Fax: 703-610.0234
Email: tclemens@isst-d.org (scan and email)
Registrations will not be processed without full payment.

Please specify any special needs

1. Registration Fees

(For detailed information about registration packages and the benefits included, visit us on the web www.isst-d.org)

Please check the fees in the appropriate bubble.

FULL CONFERENCE REGISTRATION

by 11/01/09 after 11/01/09

ISSTD Member
 \$475 \$575

Non-Member
 \$575 \$700

Student Member
 \$300 \$400

REGISTRATION FEE (NON-NORTH AMERICAN)

by 11/01/09 after 11/01/09

ISSTD Member
 \$375 \$440

Non-Member
 \$500 \$600

Student/Non profit Agency*
 \$200 \$275

PRE-CONFERENCE WORKSHOP REGISTRATION (HYPNOSIS)

20-Hour Workshop

by 11/01/09 after 11/01/09

Pre-Conference Program
 \$405 \$480

Student/Non profit Agency*
 \$300 \$350

NOV. 19 PRE-CONFERENCE WORKSHOP

REGISTRATION (2 - 4)

by 11/01/09 after 11/01/09

Pre-Conference Program
 \$175 \$250

Student/Non profit Agency*
 \$125 \$150

Indicate the workshop you will attend:
 02 03 04

NOV. 20 PRE-CONFERENCE WORKSHOP

REGISTRATION (5 - 9)

by 11/01/09 after 11/01/09

Pre-Conference Program
 \$175 \$250

Student/Non profit Agency*
 \$125 \$150

Indicate the workshop you will attend:
 05 06 07 08 09

1-DAY REGISTRATION

by 11/01/09 after 11/01/09

ISSTD Member
 \$250 \$300

Non-Member
 \$275 \$400

Student/Non profit Agency*
 \$150 \$200

Indicate the day you will attend:
 Sat. Sun. Mon.