

ATTENDEE REGISTRATION FORM

Return Form by Fax 703-610-0203 or
Email registration@mmgevents.com



Attendee Name _____ Nickname for Badge _____
 Organization/Institution _____ Title _____
 Address _____
 City _____ State/Province _____ Country _____ Zip Code/Postal Code _____
 Phone _____ Cell _____ Email _____
 Dietary Needs: Vegetarian Vegan Kosher Gluten-Free No nuts Other Allergies _____ ADA/Special Needs _____

Price is US Dollars	Until 15 August	After 15 August	Student Until 15 August	Student After 15 August	Until 15 August	After 15 August	Student Until 15 August	Student After 15 August
Annual Conference Registration Fees	MEMBERS				NON-MEMBERS *Join now and Save!			
Complete Package - All 5 Days! (Thursday - Monday) <i>(Includes President's Reception and Awards Dinner/Party)</i>	<input type="checkbox"/> \$665	<input type="checkbox"/> \$965	<input type="checkbox"/> \$405	<input type="checkbox"/> \$555	<input type="checkbox"/> \$965	<input type="checkbox"/> \$1265	<input type="checkbox"/> \$555	<input type="checkbox"/> \$705
Main Conference - 3 Days (Saturday - Monday) <i>(Includes President's Reception and Awards Dinner/Party)</i>	<input type="checkbox"/> \$465	<input type="checkbox"/> \$565	<input type="checkbox"/> \$280	<input type="checkbox"/> \$330	<input type="checkbox"/> \$565	<input type="checkbox"/> \$665	<input type="checkbox"/> \$330	<input type="checkbox"/> \$380
One Day Only: <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon	<input type="checkbox"/> \$180	<input type="checkbox"/> \$280	<input type="checkbox"/> \$105	<input type="checkbox"/> \$155	<input type="checkbox"/> \$280	<input type="checkbox"/> \$380	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205
Pre-Conference Only Registration Fees	MEMBERS				NON-MEMBERS *Join now and Save!			
Pre Conference Package (Thursday & Friday)	<input type="checkbox"/> \$280	<input type="checkbox"/> \$480	<input type="checkbox"/> \$155	<input type="checkbox"/> \$255	<input type="checkbox"/> \$480	<input type="checkbox"/> \$680	<input type="checkbox"/> \$255	<input type="checkbox"/> \$355
Dissociation 101 Session Only (Thursday)	<input type="checkbox"/> \$79	<input type="checkbox"/> \$79	<input type="checkbox"/> \$79	<input type="checkbox"/> \$79	<input type="checkbox"/> \$79	<input type="checkbox"/> \$79	<input type="checkbox"/> \$79	<input type="checkbox"/> \$79
ASCH Basis Hypnosis Training Only (Wednesday - Friday)	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
One Day Only: <input type="checkbox"/> Thur <input type="checkbox"/> Fri	<input type="checkbox"/> \$180	<input type="checkbox"/> \$280	<input type="checkbox"/> \$105	<input type="checkbox"/> \$155	<input type="checkbox"/> \$280	<input type="checkbox"/> \$380	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205

CONTINUING EDUCATION (CE/CME) INFORMATION (Pricing for Members & Non-Members)
 Credits must be purchased separately and in advance. The following information is required for your CE/CME certificate.

Professional: Single Day - \$30 Multi Day - \$50 Student: Single Day - \$20 Multi Day - \$40

License Number _____ State _____ Boards to apply _____

ADD-ON OPTIONS	Member	Non-Member
Guest Ticket: President's Reception & Awards Dinner/Party	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Certificate of Attendance	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15

*ISSTD MEMBERSHIP	(Includes Online Journal of Trauma & Dissociation and Applies to Member Pricing for all ISSTD training and conferences - a \$300+ value!)
Professional	<input type="checkbox"/> \$187
Student	<input type="checkbox"/> \$91
Add Printed Journal of Trauma & Dissociation	<input type="checkbox"/> \$16

By submitting this registration form, you agree to the CE/CME and cancellation policy.

PAYMENT INFORMATION

TOTAL FEES: \$ _____

- Check (US Bank Only) payable to: ISSTD
Mail to: ISSTD, 8400 Westpark Drive, 2nd Floor, McLean, VA 22102
- American Express Discover MasterCard Visa

Card Number: _____ Expiration: _____

Name on Card: _____

Cancellation Policy: Cancellations must be received in writing via email to registration@mmgevents.com or via fax to 703-610-0203. A processing fee of \$75 will be charged for cancellations received on or before 15 October, 2014. No refunds will be issued for no-shows. Refund requests will not be accepted after 15 October, 2014. Not all requests will be granted. Substitutions for attendees are accepted at any time.

Registration Questions: Call 703-610-0257 or Email: registration@mmgevents.com
 To register online go to www.isst-d.org