

Registration Form
21st Annual LGBTQI Psychotherapy Conference

Sunday, November 13, 2016

Antioch University LA, 400 Corporate Pointe, Culver City, CA 90230

REGISTRATION DEADLINE: This form and payment must be returned by November 9, 2016.

Name (<i>print</i>):		
Degree / License:		
Address:		
City:	State:	Zip:
Phone:		
Email*:		
License or Intern Registration number:		

*Registration will be confirmed via email. Please print your email clearly.

The cost of CE, breakfast, lunch, and parking for each attended workshop is included in the registration fee.

<u>CONFERENCE PRE-REGISTRATION</u>		
Check Your Category		
Member (already a member?)		
<input type="checkbox"/>	Current LAGPA Regular/Associate Member	\$ 155
<input type="checkbox"/>	Current LAGPA Student/Intern/Retiree Member	\$ 100
<p>If you are not a current member, simply visit our website at www.LAGPA.org and register as a member. Being a member gives you significant discount.</p>		
Non-Member		
<input type="checkbox"/>	Non-Member/Non-Associate Member	\$ 185
<input type="checkbox"/>	Non-Member Student/Intern/Retiree	\$ 130

<u>REGISTERING THE DAY OF THE CONFERENCE</u>		
Yes, you may register at the door. You save considerable money, however, by pre-registering.		
Member (already a member?)		
<input type="checkbox"/>	Current LAGPA Regular/Associate Member	\$ 185
<input type="checkbox"/>	Current LAGPA Student/Intern/Retiree Member	\$ 130
Non-Member		
<input type="checkbox"/>	Non-Member/Non-Associate Member	\$ 215
<input type="checkbox"/>	Non-Member Student/Intern/Retiree	\$ 155

WORKSHOP SELECTION

For each concurrent session, please identify your first and second choice for each session by writing the workshop number in the spaces below. This information is for conference planning only—you may attend whichever workshops you would like on the day of the conference.

Session 1	Session 2	Session 3
1A, 1B, 1C, 1D	2A, 2B, 2C, 2D	3A, 3B, 3C, 3D
1 st Choice:	1 st Choice:	1 st Choice:
2 nd Choice:	2 nd Choice:	2 nd Choice:

If you are a presenter or volunteer, please check this box.

METHOD OF PAYMENT

A check in the amount of \$ _____ made payable to **LAGPA**

OR

Charge my: VISA Master Card American Express (Check appropriate box)

Name of Cardholder (as it appears on card)

Please Print: _____

Credit Card Number (print clearly):

Exp. Date ____/____ Code on back of card ____ Zip: _____

Authorizing Signature: _____

Total Amount To Be Charged \$ _____

MAIL COMPLETED REGISTRATION FORMS WITH PAYMENT TO:
LAGPA Conference Registration
PO Box 34142, Los Angeles, CA 90034
 OR, FAX To: 310-838-6247
 OR, Scan and email to: LAGPA@sbcglobal.net
 OR, **register online at www.LAGPA.org**

Note: All Students must be unlicensed and must include documentation of full time student status. Please enclose a copy of your current student ID with your registration form