

ISEPP ANNUAL CONFERENCE

UNDERSTANDING TRAUMA: *RESPONDING BEYOND THE MEDICAL MODEL*

OCTOBER 9-11 2015

CROWNE PLAZA (BOSTON/NEWTON) – MASSACHUSETTS

WWW.PSYCHINTEGRITY.ORG

REGISTRATION FEES*:

	<i>Full Conference</i> (10/9-11/15)	<i>Saturday Only</i> (10/10/15)	<i>Sunday Only</i> (10/11/15)
<u>Advanced</u> (by 9/1)			
Individual	<input type="checkbox"/> \$275	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
ISEPP Paid Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Student Rate (w/ ID)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
<u>Registration</u> (after 9/1)			
Individual	<input type="checkbox"/> \$325	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
ISEPP Paid Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Student Rate (w/ ID)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

For group discounts (3 or more) and financial hardships please contact Michael Gilbert at mgilbert@iacaf.org

**includes light breakfast, lunch, coffee/snack breaks, and Friday Welcome Reception*

OPTIONAL OTHER FEES:

- Awards Dinner - Saturday 10/10 \$40 Conference CEU Certificate \$20
- Pre-Conference Workshops - Friday 10/9 \$55 (includes 3 CEUs and lunch)
(choose one) Introduction to the PCMOS - Barry Duncan 12:30-3:30p
 TBA 12:30-3:30p

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Organization/School: _____

REGISTRATION AMOUNT ENCLOSED: \$ _____

Please send completed form and registration fee made payable to ISEPP to:

Michael Gilbert 100 Bradford Heights Road Syracuse, NY 13224