

CONFERENCE REGISTRATION FORM

GAMFT Fortieth Annual Spring Conference

May 2 - 5, 2019

Name (last, first) _____ Degree _____

Spouse (if registering below for conference) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

PRE-CONFERENCE INSTITUTES (Choose only one)

- #1 - Walk-and-Talk Therapy: An Integrated Approach to Wellbeing (2 CE hours) \$ 50.00 _____
- #2 - Love Cycles, Fear Cycles: The Essence of Couples Therapy (2 CE hours) \$ 50.00 _____
- #3 - In Your Skin: Strength Based Therapy with Transgender Individuals (2 CE Hours) \$ 50.00 _____

MAIN PRESENTATION (Price includes lunches)	Postmarked By April 4	Postmarked After April 4	
The Ideas and Practices of Narrative Therapy Within the Context of Trauma (10 CE hours)			
GAMFT Clinical Fellow, Member or Affiliate Member	\$260.00	\$285.00	_____
Non-Member	\$310.00	\$335.00	_____
Full-time Student (Include copy of student ID or GAMFT Pre-Clinical Fellow or Associate Member)	\$145.00	\$175.00	_____
GAMFT Retired Member	\$180.00	\$210.00	_____
Non-therapist/Non-practicing Spouse	\$180.00	\$210.00	_____

VEGETARIAN FARE

I prefer vegetarian lunches.

ADDITIONAL LUNCH RESERVATIONS FOR GUESTS

Friday Total # _____ (# Vegetarian _____) each \$ 25.00 _____

Saturday Total # _____ (# Vegetarian _____) each \$ 25.00 _____

SUNDAY WORKSHOPS

Innovative Interventions for Families in Conflict (3 CE hrs) \$75.00 _____

Medical Family Therapy: Trauma and Women's Health (3 CE hrs) \$75.00 _____

CE FEE (Required for CE Certificate)

Circle License(s) Held: MFT PC SW Psy \$ 10.00 _____

TOTAL ENCLOSED \$ _____

Mail-in registrations must be postmarked by April 18, 2019. No refunds can be given after April 18, 2019. Before April 19, refunds minus a \$25.00 administration fee will be granted upon notice of cancellation. For additional information call GAMFT at 404-261-1185 or visit: www.gamft.org

**Please mail this form and check payable to GAMFT to:
GAMFT Spring Conference – P.O. Box 29745 – Atlanta, GA 30359**