

**REGISTRATION FORM**  
**(For Members Working Outside the U.S.A.)**

**The American Academy of Psychoanalysis and Dynamic Psychiatry  
and  
The Organizzazione di Psicoanalisti Italiani-Federazione e Registro (OPIFER) Joint Meeting**

**Florence, Italy  
November 10-12, 2006**

Please Print:

Name \_\_\_\_\_

Accompanying Guest Name \_\_\_\_\_

Address \_\_\_\_\_

Office Phone Number (\_\_\_\_\_) \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Registrant: \$90.00 Amount Enclosed: \$\_\_\_\_\_

Accompanying Guest of Registrant: \$50.00 Amount Enclosed: \$\_\_\_\_\_

Opening Reception: \$25.00 Amount Enclosed: \$\_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$\_\_\_\_\_**

**METHOD OF PAYMENT:**      ☐ Check      ☐ Visa      ☐ MasterCard

Card Number:  -  -  -

Expiration Date:  -       Amount: \$ ,.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

An administrative fee of \$25 will be charged for cancellations received at the Academy Office before November 1, 2006. After November 1, 2006, there will be no refund and the registration fee will be a contribution to the Academy. *Please remit in U.S. currency and drawn on a U.S. bank.*

*Please complete and return this registration form to:*

**The American Academy of Psychoanalysis and Dynamic Psychiatry  
One Regency Drive  
P.O. Box 30**

**Bloomfield, CT 06002-0030**

**Email: [info@aapsa.org](mailto:info@aapsa.org) • Website: [www.aapdp.org](http://www.aapdp.org)**