

**REGISTRATION**

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**LAST NAME**

**FIRST NAME**

**DEGREE**

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**EMAIL ADDRESS (PLEASE PRINT CLEARLY)**

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**ADDRESS**

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**CITY**

**STATE**

**ZIP CODE**

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**BEST PHONE**

**PROFESSION (specify field)**

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**SPECIAL ACCOMMODATIONS (IF NEEDED)**

**Early registration is advised. Complimentary continental breakfast is included.**

**EARLY REGISTRATION BEFORE APRIL 10th**

- \$155 EARLY ENROLLMENT       \$50 FULL TIME STUDENT/MEDICAL RESIDENT  
 \$85 ACADEMIC

**REGISTRATION AFTER APRIL 10th**

- \$175 REGULAR ENROLLMENT       \$60 FULL TIME STUDENT/MEDICAL RESIDENT  
 \$100 ACADEMIC

**REGISTRATION FOR SYMPOSIUM LUNCHEON**

- \$35.00** COST OF LUNCHEON BUFFET

**Total Amount Enclosed \$**\_\_\_\_\_

**\*IF PAYING BY CREDIT CARD, A PROCESSING FEE WILL APPLY. PLEASE FILL OUT YOUR INFORMATION:  
(VISA, MASTER CARD, AMERICAN EXPRESS)**

**(PLEASE PRINT CLEARLY)**

**CREDIT CARD #**\_\_\_\_\_

**EXPIRATION DATE**\_\_\_\_\_

**NAME ON CARD**\_\_\_\_\_

**SECURITY CODE**\_\_\_\_\_

**MAIL FORM WITH CHECK OR PAYMENT INFORMATION TO:**

**Michigan Psychoanalytic Society (MPS)**

**32841 Middlebelt Road, Suite 411**

**Farmington Hills, MI 48334**

**Email: Monica at monicasimmons@ix.netcom.com**

**Phone: 248-851-3380 or Fax: 248-851-1806**