

ATTENDEE REGISTRATION
ISSTD 36th Anniversary
Conference

Return Form by Fax 202-747-2864 or
 Email registration@interelgroup.com



Attendee Name _____ Nickname for Badge _____

Organization/Institution _____ Title _____

Address _____

City _____ State/Province _____ Country _____ Zip Code/Postal Code _____

Phone _____ Cell _____ Email _____

Dietary Needs: Vegetarian Vegan Kosher Gluten-Free No nuts Other Allergies _____ ADA/Special Needs _____

| Price is US Dollars | Until 24 Jan | After 24 Jan | Student Until 2 Apr | Until 24 Jan | After 24 Jan | Student Until 2 Apr |
|--|--|--|--|--|--|--|
| Annual Conference Registration Fees | ISSTD MEMBERS | | | NON-MEMBERS *Join now and Save! | | |
| 1 Day | <input type="checkbox"/> \$229 | <input type="checkbox"/> \$279 | <input type="checkbox"/> \$149 | <input type="checkbox"/> \$329 | <input type="checkbox"/> \$379 | <input type="checkbox"/> \$249 |
| 2 Days | <input type="checkbox"/> \$449 | <input type="checkbox"/> \$549 | <input type="checkbox"/> \$199 | <input type="checkbox"/> \$549 | <input type="checkbox"/> \$649 | <input type="checkbox"/> \$299 |
| 3 Days | <input type="checkbox"/> \$499 | <input type="checkbox"/> \$569 | <input type="checkbox"/> \$299 | <input type="checkbox"/> \$599 | <input type="checkbox"/> \$669 | <input type="checkbox"/> \$349 |
| 4 Days | <input type="checkbox"/> \$599 | <input type="checkbox"/> \$799 | <input type="checkbox"/> \$379 | <input type="checkbox"/> \$749 | <input type="checkbox"/> \$899 | <input type="checkbox"/> \$429 |
| 5 Days | <input type="checkbox"/> \$699 | <input type="checkbox"/> \$849 | <input type="checkbox"/> \$429 | <input type="checkbox"/> \$849 | <input type="checkbox"/> \$999 | <input type="checkbox"/> \$479 |
| ASCH Basic Hypnosis Training ONLY – Wednesday - Friday | <input type="checkbox"/> fees listed below | <input type="checkbox"/> fees listed below | <input type="checkbox"/> fees listed below | <input type="checkbox"/> fees listed below | <input type="checkbox"/> fees listed below | <input type="checkbox"/> fees listed below |
| Please select which days you will attend: | | | | | | |
| <input type="checkbox"/> Wednesday, March 27, 2019 - only select Wednesday if participating in ASCH <input type="checkbox"/> Thursday, March 28, 2019 - Pre-Conference Workshops P1-P5, ASCH <input type="checkbox"/> Friday, March 29, 2019 - Pre-Conference Workshops P6-P10, ASCH | | | <input type="checkbox"/> Saturday, March 30, 2019 - Main Conference, Reception & Dinner <input type="checkbox"/> Sunday, March 31, 2019 - Main Conference <input type="checkbox"/> Monday, April 1, 2019 - Main Conference, Post Conferences | | | |

| ASCH Basic Hypnosis Training Fees – no student pricing | Until 31 Dec | Until 28 Feb | Until 1 Apr | Until 31 Dec | Until 28 Feb | Until 1 Apr |
|---|--------------------------------|--------------------------------|--------------------------------|--|--------------------------------|--------------------------------|
| | ISSTD MEMBERS | | | NON-MEMBERS *Join now and Save! | | |
| ASCH Basic Hypnosis Training Only (Wednesday – Friday not included in the 5-Day conference package and must be purchased separately.) | <input type="checkbox"/> \$439 | <input type="checkbox"/> \$539 | <input type="checkbox"/> \$589 | <input type="checkbox"/> \$489 | <input type="checkbox"/> \$589 | <input type="checkbox"/> \$639 |

CONTINUING EDUCATION (CE/CME) INFORMATION (Pricing for Members & Non-Members)
 Credits must be purchased separately and in advance. The following information is required for your CE/CME certificate.

CE CME

Single Day - \$49 Multi Day - \$79 License Number _____ State _____ Type of License _____

| ADD-ON OPTIONS | Member | Non-Member | *ISSTD MEMBERSHIP | (Includes Online Journal of Trauma & Dissociation and Applies to Member Pricing for all ISSTD training and conferences - a \$300+ value!) |
|---|--------------------------------|--------------------------------|--|---|
| Awards Luncheon (For Guests and One Day attendees). | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$175 | Professional <input type="checkbox"/> \$237 | Emerging Professional <input type="checkbox"/> \$142 Add Printed Journal of Trauma & Dissociation <input type="checkbox"/> \$27 |
| Certificate of Attendance | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$35 | Student <input type="checkbox"/> \$115 | Retired <input type="checkbox"/> \$106 |

By submitting this registration form, you agree to the CE/CME and cancellation policies. *As a Student, I understand I must submit proof of current/full-time student status or a letter from their supervisor and ISSTD reserves the right to approve all student registrations. Registrations will be verified and are subject to change. Please send via email to registration@interelgroup.com or via fax to 202-747-2864.

PAYMENT INFORMATION

Check (US Bank Only) payable to: **ISSTD**
 American Express Discover MasterCard Visa

TOTAL FEES: \$ _____
 Mail to: ISSTD, 1420 New York Ave. NW, 5th Floor, Washington, DC 20005

Card Number: _____ Expiration: _____

Name on Card: _____

Cancellation Policy: Cancellations must be received in writing via email to registration@interelgroup.com or via fax to 202-747-2864. A processing fee of \$75 will be charged for cancellations received on or before 1 March, 2019. No refunds will be issued for no-shows. Refund requests will not be accepted after 1 March, 2019. Not all requests will be granted. Substitutions for attendees are accepted at any time.

Registration Questions: Call 202-802-9030 or Email: registration@interelgroup.com