

MAIL IN REGISTRATION FORM



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Check here for email confirmation

REGISTER EARLY — SEATING IS LIMITED!

Spaces are not guaranteed until your registration is processed.

Deadline for mail in registration is May 23 2008.

If you are interested in membership, please send a separate check made out to APT for dual membership in APT (Association for Play Therapy Association, Inc.) and AAPT (Alabama Association for Play Therapy) along with your completed membership application. Membership applications are available on line- www.a4pt.org or from Eidele Sainker, eideles@yahoo.com

Postmarked by May 23,2008

After May 23, 2008/on site

APT/AAPT Member () \$110

() \$130

Non-Member () \$140

() \$160

Full time Students () \$85

() \$105

Group Discount \$10.00 per registrant for groups of 3 or more registering together. Please specify if registering as a group and identify group members and affiliation.

Amount enclosed \$ _____

*Check or money order **only** if registering by mail. No Purchase orders or credit cards accepted for mail in registration.

Complete and mail this form with a check payable to:

Alabama Association for Play Therapy (AAPT)

ATTN: Kristen Lowrey

CHIPS/Children's Hospital

1616 6th Ave South Suite 101

Birmingham, AL 35233

Fax (205) 558-2750