## **Continuing Education Credits**

#### Accreditation

- ♦ Certification for both CE and CME is available upon participation in the program. A total of 11 hours will be offered for the annual meeting. Up to 9.5 hours can be claimed for CME and up to 11 hours for CE. Forms for accreditation will be available at the Annual Meeting Registration Desk.
- The ACP does not receive commercial support for its program.

#### Continuing Education

The Association for Child Psychoanalysis is approved by the American Psychological Association to sponsor continuing education for psychologists. The Association for Child Psychoanalysis maintains responsibility for this program and its content.

#### Continuing Medical Education

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Psychoanalytic Association and The Association for *Child Psychoanalysis*. The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians.

The American Psychoanalytic Association designates this Live Activity for a maximum of 9.5 hours AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

IMPORTANT DISCLOSURE INFORMATION FOR ALL LEARNERS: None of the planners and presenters of this CME program have any relevant financial relationships to disclose.

#### **Target Audience**

The target audience includes medical doctors, psychologists, psychoanalysts, social workers, marriage and family therapists, and individuals in education with various other backgrounds who are involved in child and adolescent psychoanalysis. Participants at all levels of expertise will benefit from this program.

Please visit www.childanalysis.org to view and download a copy of the 2015 Annual Meeting Course Objectives and Course Descriptions

## Policies and Deadlines Information

#### Registration Deadline

Registration for the 2015 Annual Meeting must be received by <u>April 8, 2015.</u>

#### Notice:

\*Note that the Candidate Member registration fee is a "recovery fee" to offset direct expenses of the meeting to the ACP. A Candidate Member who finds this registration fee to be a hardship may apply for a reduction.

\*\* Spouses or Guests are those who are accompanying a registered attendee to the meeting, but are <u>not</u> attending the scientific program. If you plan to attend the scientific program, you must register under another category.

#### Payment and Refund Information

There are two ways to register:

#### ♦ Online Registrations – For ACP Members

ACP members can register online with a credit card or register online and mail a check. Please login to the ACP website www.childanalysis.org with your username (email address) and password.

#### ♦ Mail Registrations

- Checks should be made payable to the: Association for Child Psychoanalysis.
- ♦ Credit Card may be mailed or faxed to: 1-866-534-7555.
- Any member or non-member who finds registration fees to be a hardship may apply for a possible reduction.

#### ♦ Refund Policy:

Registration and Dinner fees may be refunded upon notice of cancellation on or before **April 17, 2015.** A 10% administrative fee will be deducted from the refund.

Cancellations after April 17th are non-refundable.

#### ♦ Mail or Fax registration forms to:

Janet Blomquist, CMP The Association for Child Psychoanalysis 900 Ranch Road 620 South – Suite C101 Austin, TX 78734

Phone: 512-261-3422 Fax: 866-534-7555 Email: childanalysis65@gmail.com Web: www.childanalysis.org

# The Association for Child Psychoanalysis

2015 Annual Meeting

The ACP after 50 Years Evolving Perspectives

# REGISTRATION FORM





May 1 – May 3, 2015 JW Marriott Hotel

Celebrating 50 Years

# The Association for Child Psychoanalysis

2015 Annual Meeting May 1 – May 3, 2015

# Registration Form

Phone
ril Address ergency Contact — Required Information  List the name and phone number of someone we may contact. This information will be used only in the ever of an emergency situation. Please make sure you have included your cell phone number above in case we need to contact you during the meeting.  see of emergency please contact:  e
ergency Contact — Required Information  List the name and phone number of someone we may contact. This information will be used only in the ever of an emergency situation. Please make sure you have included your cell phone number above in case we need to contact you during the meeting.  see of emergency please contact:  e
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e
ne Number
se indicate your member status: Regular ACP Member Candidate ACP Member Non-Member * Non-Member Candidate*  * Non-Members and Non-Member Candidates are registrants who are not ACP Members. A Non-Member or Non-Member Candidate must be sponsored by a current ACP member. Please indicate the name of your sponsor:
ACP Regular Member Sponsor  Spouse/Guest**  Spouses/Guests are registrants who are not attending the scientific programs.
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# Registration Fees and Payment Info

Annual Meeting Fees

Registration Type	Fee	Quantity	Enclosed
	1	1	ı
Member	\$250.00		\$
Candidate	#1 <b>2</b> 0 00		\$
Member*	\$150.00		·
Non-Member	\$295.00		\$
Non-Member	Ψ200.00		\$
Candidate	\$295.00		Ψ
Spouse/Guest**	\$50.00		\$
Extension Only			\$
Extension Only	\$50.00		φ
Dinner Options: Pleas in the conference reg	istration fees	s listed above	e. If you
would like to attend,	<i>please add ti</i>	<i>he appropria</i> I	
Dinner and	\$75.00		\$
Reception Friday, May 1	per		
6:45 pm	person		
•	na: Soloat On	aler One Tour	
Off-Site Event Optio Bullock Texas	\$32.00	ly One roul	\$
State History	per		φ
Museum	person		
Maseum	\$26.00		\$
Guided Bus Tour of	·		Φ
Austin	per		
Austili	person		
Total Re	gistration Fe	e Enclosed	\$
ACP Office.  Internation Visa MasterCard		<b>der</b> US dollai	rs only, please
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Method of Payment  Check Pleas ACP Office.  Internation Visa MasterCare Please enter ca opposite.	al Money Or	<b>der</b> US dollai	rs only, please
Method of Payment  Check Pleas ACP Office.  Internation Visa MasterCard Please enter coopposite.  Credit Card Details:	al Money Or	<b>der</b> US dollai	rs only, please
Method of Payment  Check Pleas ACP Office.  Internation Visa MasterCard Please enter ca opposite.  Credit Card Details:	al Money Or	der US dollar	rs only, please
Method of Payment  Check Pleas ACP Office.  Internation Visa MasterCard Please enter co	al Money Or	der US dollar	rs only, please
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Please in	ndicate your professional affiliation: Physician Non-Physician
Fiel (Ps	ld:ychiatry, Psychology, Social Work, Medicine, etc.)
attend. Friday	elect which sessions and workshops you plan to  7, May 1 um - 10:30 am Supervisors' Workshop Led by Anita Schmukler, D.O.
♦ 10:30 □	am – 11:30 am Open Discussion For All Interested ACP Members Led by Stephanie Smith, MA, LICSW
(Using 1 two choices — — — — Sature	om - 6:00 pm and 2 as designations, please indicate your first ces of the following workshops).  Workshop Presented by Edward Kohn, MD Workshop Presented by Norka Malberg, PsyD Workshop Presented by Christine Anzieu- Premmereau, MD Workshop Presented by Gabriel Ruiz, LCPC, LLC day, May 2 cm - 2:00 pm Plenary Session Presented by Charles E. Parks, PhD Moderator: Denia Barrett, MSW
♦ 2:30 p	om – 5:15 pm Afternoon Off-Site Social Event Bullock Texas State History Museum or Guided Bus Tour
♦ 6:00 r	om – 7:30 pm Special Event for Child Analytic Candidates
	ay, May 3 m – 10:15 am Marianne Kris Memorial Lecture Presented by Claudia Lament, PhD
<b>♦</b> 10:45 □	am – 12:15 pm Extension Division Program Carol Wolfe, LPC; Jim Bennett, MD; Moderator: Kimberly Chu, LCSW
~ Regis	stration for ACP members is also available online $\sim \frac{\text{www.childanalysis.org}}{\text{www.childanalysis.org}}$
or notify t	nave any specific <b>Dietary <u>Restrictions</u></b> , please check below he ACP office by phone 512-261-3422 or by email ysis65@gmail.com
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