

Continuing Education Credits

Accreditation

- ◆ Certification for both CE and CME is available upon participation in the program. Up to 9.5 hours can be claimed for CME and up to 13 hours for CE. Forms for accreditation will be available at the ACP 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 accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of 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 AMA PRA Category 1 Credit(s)[™]. 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 2017 Annual Meeting Course Objectives and Course Descriptions

Policies and Deadlines Information

Registration Deadline

- ◆ Registration for the 2017 Annual Meeting must be received by **April 10, 2017**.

Notice:

Note that the Candidate Member registration fee is a "recovery fee" to offset direct expenses of the meeting to the ACP.

***Spouses or Guests are those who are accompanying a registered attendee to the meeting, but are **not** 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:
Association for Child Psychoanalysis.

- ◆ Credit card information faxed to:
1-866-534-7555 or mailed to address below

◆ Refund Policy:

Registration and Dinner fees may be refunded upon notice of cancellation on or before **April 12, 2017**. A 10% administrative fee will be deducted from the refund.

Cancellations after **April 12th** are non-refundable.

◆ Mail or Fax registration forms to:

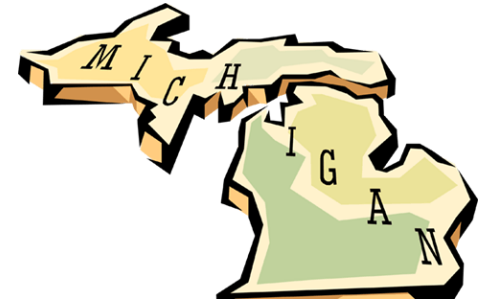
Janet Blomquist, CMP
The Association for Child Psychoanalysis
900 Ranch Road 620 South – Suite C101
Austin, TX 78734
Phone: 512-261-3422 Fax: 866-534-7555
Email: childanalysis65@gmail.com
Web: www.childanalysis.org

The Association for Child Psychoanalysis

2017 Annual Meeting

Psychoanalysis and Developmental Transitions

REGISTRATION FORM



Ann Arbor, MI

April 21-23, 2017

Sheraton Ann Arbor Hotel

Registration Form

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Cell Phone _____

Email Address _____

Emergency Contact – Required Information

In case of emergency please contact:

Name _____

Phone Number _____

Please indicate your member status:

- Regular ACP Member
 Candidate ACP Member
 Non-Member-
 Non-Member Student- (Undergraduate/
Student/Candidate) *
 Spouse/Guest**

◆ Spouses/Guests are registrants who are not attending the scientific programs.

Spouse/Guest Name _____

Please indicate your professional affiliation:

- Physician
 Non-Physician

Field: _____
(Psychiatry, Psychology, Social Work, Medicine, etc.)

◆ If you have any specific **Dietary Restrictions**, please check below or notify the ACP office 512-261-3422.

- Vegetarian Gluten-free Other _____

~ Registration for ACP members is also available online ~
www.childanalysis.org

Sessions/Workshops Attending

Select which sessions and workshops you plan to attend.

Friday, April 21

- ◆ 9:00 am – 10:30 am
 Supervisors' Workshop
Led by Carla Elliott-Neely, PhD
- ◆ 10:30 am – 11:30 am
 Open Discussion - All Interested ACP Members
Led by: Jill Miller, PhD
- ◆ 11:45 am – 1:15 am
 ADHD for Child Analysts
Presenters: B. James Bennett IV, MD,
Nathaniel Donson, MD, Don Rosenblitt, MD
- ◆ 1:30 pm – 3:00 pm
 Visit to Allen Creek Preschool
(Maximum 30 people)
- ◆ 4:00 pm – 6:00 pm
(Using 1 and 2 as designations, please indicate your first two choices of the following workshops).
___ Workshop Presented by Susan L. Donner, MD
___ Workshop Presented by Ted Fallon, MD
___ Workshop Presented by Daniel Kietz, MD
___ Workshop Presented by Adam Libow, MD
- ◆ 6:45 pm
 Reception and Awards Dinner (Ticket Required)

Saturday, April 22

- ◆ 8:00 am – 9:00 am
 ACP Business Meeting
- ◆ 9:00 am – 2:00 pm
 Plenary Session
Presenter: Sydney Anderson, PhD
Moderator: Kirsten Dahl, PhD
Discussants: Stanley Leiken, MD
Don Rosenblitt, MD
- ◆ 2:30 pm – 5:15 pm
Off-Site Social Event (Ticket Required)
 Kelsey Archeology Museum
 UM Museum of Art
- ◆ 6:00 pm – 7:30 pm
 Special Event for Child Analytic Candidates
John Tisdale, PhD and Kristen Butterfield, PsyD
- ◆ 6:30 pm – 9:00 pm
 Open House Supper (No Charge)
Sponsored by Jack and Kerry Novick and the Michigan Psychoanalytic Institute Child Faculty

Sunday, April 23

- ◆ 9:00 am – 10:15 am
 Marianne Kris Memorial Lecture
Presented by Alan Sugarman, PhD
- ◆ 10:45 am – 12:45 pm
 Extension Division Program
Moderator: Kerry Novick
Panel Discussion

Registration Fees and Payment

	Fee	Quantity	Enclosed
Registration Type			
ACP Member	\$250.00		\$
ACP Candidate Member	\$150.00		\$
Non-Member	\$295.00		\$
Non-Member*	\$150.00		\$
Spouse/Guest**	\$50.00		\$
Extension Only	\$50.00		\$
Dinner Options: <i>Please note that dinner is not included in the conference registration fees listed above. If you would like to attend, please add the appropriate fee(s).</i>			
Dinner and Reception (Ticket Required)	\$75.00 per person		\$
Off-Site Event: Select Only One Tour (Ticket Required) <i>(Minimum of 20 /Maximum of 30 attendees required)</i>			
Kelsey Archeology Museum	\$50.00		\$
UM Museum of Art	\$50.00		\$
Total Registration Fee Enclosed			\$

Payment

Method of Payment (Due in US Dollars)

- Check** *Please mail this registration form with your check to the ACP Office.*
 Visa
 MasterCard

Credit Card Details:

Card Number _____ Expiration Date _____

Name on Card – Please Print _____

Signature _____