

Networker Symposium 2020 Registration Form

Federal ID: 26-3896894

REGISTRATION

Check the appropriate box and circle the corresponding fee, depending on when your form is postmarked.

Register online before midnight January 8 for online-only Early Bird prices—best value! See psychotherapynetworker.org.

ADVANCED I Ends Midnight January 31	ADVANCED II Ends Midnight February 19	After February 19
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FULL PASS (3 days) <input type="checkbox"/> Thursday, Friday & Saturday <input type="checkbox"/> Friday, Saturday & Sunday	\$559. ⁹⁹	\$599. ⁹⁹	\$679. ⁹⁹
FULL PASS PLUS (4 days) <input type="checkbox"/> Thursday, Friday, Saturday & Sunday	\$659. ⁹⁹	\$689. ⁹⁹	\$759. ⁹⁹
DAY RATE <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$249. ⁹⁹	\$259. ⁹⁹	\$269. ⁹⁹

Registration Fee Subtotal \$ _____

- Groups with Full Pass Plus must register online for a discounted price.
- Student scholarships are also available online.

LUNCH/DINNER CHOICES

FRIDAY LUNCHEON: The Therapist as Social Catalyst with Esther Perel

- Roasted Cod with Vegetables and Cream Sauce _____
- Roasted Vegetable Ravioli _____ @ \$69.99 each \$ _____

FRIDAY DINNER: When the Therapist Switches Seats with Lori Gottlieb

- Beef Short Rib with Mashed Potatoes _____
- Pan-Seared Salmon and Clams _____
- Rice & Chickpea Hearty Vegetable Stew _____ @ \$89.99 each \$ _____

SATURDAY LUNCHEON: Reaching the Promise of Diversity with Dr. Alfie

- Pan-Seared Chicken with Vegetables _____
- Gnocchi with Kale and Butternut Squash _____ @ \$69.99 each \$ _____

SATURDAY DINNER: My Most Surprising Session: An Evening of Storytelling

- Grilled Pork Cutlets, Risotto, and Vegetables _____
- Citrus-Glazed Rockfish with Thyme Sauce _____
- Eggplant Cannelloni and Ratatouille _____ @ \$89.99 each \$ _____

Meal Subtotal \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

CONTACT INFORMATION

EMAIL _____ PHONE _____

FIRST NAME _____

LAST NAME _____ PROFESSION _____

MAILING ADDRESS _____

WORKSHOP CHOICES

NOTE: Please provide your top 3 choices. If you're submitting this form after January 25, please provide a 4th choice.

	1st Choice	2nd Choice	3rd Choice	4th Choice
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THURSDAY, MARCH 19

Workshop (#101-124)

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FRIDAY, MARCH 20

Morning Workshop (#201-226)

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Afternoon Workshop (#301-326)

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SATURDAY, MARCH 21

Morning Workshop (#401-426)

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Afternoon Workshop (#501-526)

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SUNDAY, MARCH 22

Workshop (#601-620)

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SPECIAL REQUESTS

I have a physical disability and will need support services.
We are happy to accommodate your ADA needs if you register at least three weeks prior to the beginning of the symposium.

Please send me: the room-sharing list the ride-sharing list

This is my first Symposium.

PAYMENT

A check payable to **Psychotherapy Networker** should be enclosed with this form.

CARDHOLDER'S NAME _____

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER'S SIGNATURE _____

Mail registration and payment to: Psychotherapy Networker Symposium, PO Box 1000, Eau Claire, WI 54702