

Registration Form

Name _____

Degree or Affiliation _____

Mailing Address _____

Telephone _____

Email _____

Please check one or more:

- | | | |
|------------------------------|---|-------------|
| 1. <input type="checkbox"/> | Values, Virtue, and the Concept of Evil | \$160 |
| 2. <input type="checkbox"/> | Long Day's Journey into Night | \$ 80 |
| 3. <input type="checkbox"/> | Speaking to the Narcissistic Disorders | \$200 |
| 4. <input type="checkbox"/> | Psychoanalytic Principles of Child Development | \$ 50 |
| 5. <input type="checkbox"/> | Psychotropic Drugs | \$ 45 |
| 6. <input type="checkbox"/> | Psychoanalysis and the Theater (<i>Deposit</i>) | \$ 50 |
| 7. <input type="checkbox"/> | Couple and Family Therapy | \$100/\$200 |
| 8. <input type="checkbox"/> | The Mind in Conflict | \$ 80 |
| 9. <input type="checkbox"/> | Psychoanalytic Psychotherapy of Cancer Patients | \$ 90 |
| 10. <input type="checkbox"/> | Psychosomatic Pathology | \$160 |
| 11. <input type="checkbox"/> | Sophocles and Shakespeare | \$160 |
| 12. <input type="checkbox"/> | Shared Therapy | \$ 45 |
| 13. <input type="checkbox"/> | Psychological Assessment | \$ 30 |
| 14. <input type="checkbox"/> | Cornell and Duchamp | \$ 60 |
| 15. <input type="checkbox"/> | Lacan | \$120 |

Total Amount \$ _____

Method of Payment Check Credit Card

Please make check payable to NYPSI

Name _____

VISA AMEX MASTERCARD (circle)

Card # _____ Exp. Date _____ Sec. Code _____

Billing Address _____

I instruct NYPSI to charge my credit card in the amount of \$ _____.

Signature _____

Mail to: NYPSI, 247 East 82nd Street, New York, NY 10028