

# *The Western New England Psychoanalytic Society*

## **Registration for Symposium**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **FEES**

\_\_\_ Individual

Advance Registration (before March 1st) \$100 \_\_\_\_\_

On-site Registration \$120 \_\_\_\_\_

\_\_\_ Trainee

Advance Registration (before March 1) \$ 25 \_\_\_\_\_

On-site Registration \$ 35 \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

*CME/CEU credit requires a signed attendance form and completed evaluation form.  
Certificates will be mailed to you.*

Please indicate if you would like *CME/CEU* credits \_\_\_\_\_

Return completed form and payment to WNEPS to:

**Christine Desmond, MD**, Registrar  
240 Bradley Street, New Haven, CT 06510 or

Register on-line @ **www.wneps.org**