



american association of sexuality educators, counselors and therapists
 P.O. Box 1960, Ashland, Virginia, 23005-4960
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 Federal ID# 52-0895683

**Winter Institute Conference Registration
 January 9-11, 2009
 Hilton Deerfield Beach, Boca Raton, Florida**

**DEADLINE for Early Registration: December 1, 2008
 After December 1, 2008 add \$100.00**

Contact Info

Name: _____ **Degree(s):** _____

Preferred Name (for name tag): _____

Address 1: _____

Address 2: _____

City/State/Province/Zip: _____

Telephone: _____ **Cell phone:** _____

Fax: _____ **Email:** _____

Emergency Contact: _____ **Emergency number:** _____

Registration Fees (includes courses and 2 Cont'l Breakfasts, 2 Lunches, 1 Dinner, 1 Reception)

AASECT Member \$450 _____ After Dec 1 \$550 _____ *Non Member \$550 _____ After Dec 1 \$650 _____

**Includes 6 months membership in AASECT.*

Meals

This section must be completed to assure seating/space (please place a check by all that apply).

I plan to attend Friday night Reception. _____ I plan to attend Saturday Cont'l Breakfast. _____

I plan to attend Saturday Luncheon. _____ I plan to attend Saturday Dinner. _____

I plan to attend Sunday Cont'l Breakfast. _____ I plan to attend Sunday Luncheon. _____

Vegetarian Meals _____ Kosher Meals _____

Food allergy (please list) _____

Special Considerations

Disability Assistance _____ If so, please explain _____

Are you a psychologist? Yes _____ NO _____

Total Amount Enclosed \$ _____

Make Checks Payable to:

AASECT
 PO Box 1960
 Ashland, Virginia 23005-4960

OR pay by credit card

Name on Credit Card: _____
 Credit Card Number: _____
 Expiration Date : _____

If you are paying by credit card you may fax your registration to our national office at 804.752.0056.

How did you hear about the Winter Institute?