

Please print. **R E G I S T R A T I O N F O R M**

First Name:	Last Name:	Degree:
Mailing address or P.O. Box:		
City:	State:	ZIP:
Home Phone: (    )	*Email:	<input type="checkbox"/> Request Vegetarian Meal
Agency:		Position:

\*Registration confirmation will be sent to this e-mail address **Make checks payable to HAPT and mail to P.O. Box 974, Kailua, HI 96734**

PLEASE CIRCLE TOTAL ENCLOSED	EARLY REGISTRATION Postmarked by <b>JANUARY 21, 2008</b>	REGULAR REGISTRATION <b>Please register ASAP</b> *We will do our best to accommodate all registrants; however please register by Jan. 21, to guarantee a seat.
HAPT/APT MEMBER Current membership status will be checked.	\$ 200	\$ 230
NEIGHBOR ISLAND HAPT MEMBER/	\$ 155	\$185
ONE DAY REGISTRATION Check: <input type="checkbox"/> Thursday or <input type="checkbox"/> Friday	\$ 135	\$ 165
Student- HAPT member	\$100	\$130
Student- Non member	\$125	\$155
NON-MEMBER	\$ 245	\$ 275

-----Cut Here-----

To join HAPT and attend the conference at member rates, you must additionally complete the form below, and mail w/ membership fee to the address listed at the bottom or complete the membership application online at [www.a4pt.org](http://www.a4pt.org)

PLEASE PRINT LEGIBLY **DUAL MEMBERSHIP APPLICATION**

I wish to join the Association for Play Therapy, Inc. and the Hawai'i Branch

CATEGORY (check one):     Professional (individual mental health professional)     Affiliate (individual, parent, full-time student, etc.)

SPONSOR NAME: \_\_\_\_\_

ANNUAL DUES: (see below for rates) **APT Dues** \$ \_\_\_\_\_ plus **Branch Dues** \$ \_\_\_\_\_ = TOTAL DUES \$ \_\_\_\_\_

APPLICANT:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Deg/Title \_\_\_\_\_

Business/Affiliation \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ Email \_\_\_\_\_

Credit Card  
Payment: VISA/MC Acct # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Professional	\$80.00	<b>Mail Application with Payment (in US dollars only) to:</b>	Affiliate	\$50.00
Hawai'i	<u>\$20.00</u>	<b>ASSOCIATION FOR PLAY THERAPY</b>	Hawaii	<u>\$10.00</u>
Total	\$100.00	<b>2050 N. Winery Ave., Suite 101 • Fresno, CA 93703</b>	Total	\$60.00

Tel. 559.252.2278 • Fax 559.252.2297 • info@a4pt.org • www.a4pt.org