

FULL BRIEF THERAPY CONFERENCE

Thursday – Sunday • December 9-12, 2010

Conference Registration Fee Deadlines	U.S. Professionals	Foreign Professionals • Foreign Students Graduate Students • Interns • Seniors
September 3	\$499	\$399
November 15	\$549	\$449
Onsite	\$649	\$649

Save \$150 compared to onsite registration

- Add \$100 to attend Law & Ethics pre-conference
- Add \$100 to attend the Brief Therapy Master Class post-conference, or
- **Add only \$150 to attend both!**

DAY TICKET PURCHASES: Wednesday-Monday • December 8-13, 2010

Law & Ethics Workshop I & II
6-hour Session • Wednesday Dec, 8
\$179

Brief Therapy Conference
Thursday - Sunday • December 9-12
\$179 per day

Brief Therapy Master Class
6-Hour Session • Monday December 13
\$179

GROUP RATE SAVINGS

Group registrations can be made online!

Please note: All registrations must be submitted at the same time—No additions may be made to receive a lower rate once your Group Rate Application has been submitted.

5 Attendees	10% OFF each full conference registration.
6 - 10 Attendees	15% OFF each full conference registration.
11+ Attendees	20% OFF each full conference registration.

Eligibility

The Brief Therapy Conference is open to professionals in health-related fields, including physicians, doctoral-level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (i.e., AMA, APA, ADA), and to professionals with mental health-related graduate degrees (i.e., MSW, MA, MS, MSN) from accredited institutions. Applications also will be accepted from full-time graduate students in accredited programs in the above fields who supply a letter from their department certifying their full-time student or intern status as of December 2010.

Cancellation Policies

Requests for refunds **MUST BE IN WRITING** and are subject to a \$50 administrative fee. Full refunds, less the service charge, will be made if the request is postmarked by October 29, 2010. Requests postmarked from October 30 to November 30 will receive a 50% refund of paid fees. No refunds can be made after November 30, 2010. No exception to this policy can be made. Please allow 8-10 weeks for processing. Cancellations received after November 1, 2010 will be processed in January 2011.

If paying by check, all non-sufficient funds check will be charged a \$20 service fee payable by issuer. For credit card payments, your credit card statement for the conference will be listed as “CE Education Class.”

REGISTRATON FORM

REGISTER ONLINE — OR FOLLOW THESE 5 EASY STEPS TO MAIL OR FAX YOUR FORM

1. Your Name _____
(As you want it on your name badge—please print)

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Daytime Phone _____ Fax _____ Email Address _____

University Attended _____ University Major _____ Highest degree only _____

Professional License # _____ Physically Challenged? Yes.

(The Hilton in the Walt Disney World Resort is ADA compliant. Please inform the hotel about any special needs. Any special concerns must be brought to the attention of the Milton H. Erickson Foundation prior to September 1, 2010.)

2. I verify that I meet the minimum eligibility requirements to attend the Brief Therapy Conference
And that I am a... (Please check one of the following boxes:)

- US Professional Foreign Professional/Foreign Student Senior Citizen providing proof of age
(65 years or older)
- Graduate Student/Intern (providing a letter from the department head verifying your student/intern status as of December 2010).

3. I am registering for the following:

- Full Conference Registration (Thursday - Sunday, December 9-12, 2010)
- Full Conference WITH Law & Ethics Pre-Conference (Wednesday, December 8, 2010)
- Full Conference WITH Brief Therapy Master Class Post-Conference (Monday, December 13, 2010)
- Full Conference WITH BOTH Pre- and Post-Conference Events (Wednesday - Monday, December 8-13, 2010)

I am not attending the full conference, but would like **Day-Tickets** for the following days:

- Wednesday, December 8 Thursday, December 9 Friday, December 10 Saturday, December 11
- Sunday, December 12 Monday, December 13

4. I am enclosing the following amount \$ _____

Personal / Company Check # _____ (Make checks payable to Milton H. Erickson Foundation)

Credit Card: Visa MasterCard Discover American Express

Credit Card No. _____ Exp. Date _____

Name _____
(as it appears on the card)

Signature _____

Billing Address (if different from above): _____

Purchase Order # _____ (Attach copy of P.O.)

5. Send completed forms with full payment and accompanying paperwork to **AMEDCO c/o Brief Therapy Conference, 90 County Rd C West #300, St Paul, MN 55117. Or fax: 1-651-489-3387**