

Mail-in Registration Form

To register online click [here](#) or print and fill out this form and send along with a check payable to WNEIP to:

Western New England Institute for Psychoanalysis
Attn: SE Regional Child Analytic Conference
255 Bradley Street
New Haven, CT 06510

NAME _____ DEGREE _____

ADDRESS _____

PHONE _____ EMAIL _____

Friday, September 6, 2019

Optional:

6:00 pm Mory's Dining Club (cocktails in Louis Lounge, followed by dinner in the Library)

\$75 per person

306 York Street
New Haven, CT

Saturday, September 7, 2019

Optional: 7:00 pm Dinner at Heirloom

located in The Study Hotel

\$85 per person

1157 Chapel Street
New Haven, CT

Conference Registration Fees

Saturday \$125 (Includes breakfast, lunch and 5 CEU/CME's)

Sunday \$30 (includes breakfast and 2 CEU/CME's)

Group dinners on Friday and Saturday are optional. Everyone is Welcome.

Amount Enclosed

SATURDAY CONFERENCE FEE \$125 PER PERSON X # PEOPLE _____

SUNDAY CONFERENCE FEE \$30 PER PERSON X # OF PEOPLE _____

FRIDAY NIGHT DINNER \$75 PER PERSON X # OF PEOPLE _____

SATURDAY NIGHT DINNER \$85 PER PERSON X # OF PEOPLE _____

TOTAL PAID _____

If you have questions please contact Anne Rodems 203-652-2103 or arodems@wneip.org