

Registration Form
2008 MAMFT Annual Conference
February 14-15, 2008

Registration Information: *(There are three easy ways to register)*

1. Mail completed registration form along with credit card information or check payable to the Mississippi Association for Marriage and Family Therapy, 5422 Clinton Blvd., Jackson, MS 39209, attn: Executive Director.
2. Fax completed registration form and credit card information to (601) 923-1634. (Remember, no faxed registrations will be accepted without credit card payment.)
3. Register online at www.mamft.com.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Please supply your email address for confirmation of your registration. Confirmations will be provided by email only.

Telephone: _____

AAMFT/MAMFT Membership Category: *(check one and include membership number)*

Clinical Associate Student Affiliate

Professional Affiliation:

LMFT LPC LCSW Other: _____

Please place a check by the session you plan to attend during the Thursday afternoon workshops. This information is helpful in making room assignments and avoiding crowding in the sessions.

Thank you!

_____ **#201 Death, Dying and Grief : The Counselor's Path**

_____ **#202 Pitfalls for Avoid in Private Practice and Other Self-Employment Related Jobs**

_____ **#203 Using Structural Therapy with Families**

Fees:	<i>Postmarked on or before February</i>	<i>Postmarked after February 1</i>
AAMFT Members:	_____ \$170.00	_____ \$185.00
Membership Number: _____	<i>(required if registering as a member)</i>	
Non-Members:	_____ \$195.00	_____ \$210.00
Full-Time Students:	_____ \$65.00	_____ \$80.00

VISA and MASTERCARD are welcome.

Unfortunately, we will not be able to accept any other credit cards.

Check one: VISA MASTERCARD

Name as it appears on the card: _____

Card Number: _____ Exp. Date: _____

Signature: _____