

Conference and Supervision Registration Form

**TREATING THE DIFFICULT PATIENT:
Using Attachment Based Intensive Dynamic Psychotherapy to Overcome Resistance
An Audio Visual Course with Four Master Clinicians**

**UCLA Campus
NRB Neuroscience Research Building Auditorium
635 Charles E. Young Drive South
Los Angeles, CA 90095**

**Saturday, October 24 & Sunday, October 25, 2009
and Supervision October 23 and October 26**

Name _____
Professional Title* _____ License # _____
Street Address _____ *required for CE
City _____ State _____ Zip _____
Phone _____ Email _____ Fax _____

Credit Card Authorization:

Name on Card _____
Number _____ Exp _____
Signature _____ Date _____

Fees: Please check the activities you will be attending, refer to the "[Fees](#)" link for your costs, and total (below). Contact Michele Afoa by phone (bottom of page) if you will be applying for a conference discount.

____ Conference

____ October 23 Supervision; ____ presenting, ____ not presenting

____ October 26 Supervision; ____ presenting, ____ not presenting

Total fees: _____

Please return completed registration form by mail or fax

Mail: **Southern California Society for ISTDP**
317 14th Street
Del Mar, CA 92014
Fax: (858) 481- 0490

Please make checks payable to **Southern California Society for ISTDP**

For more information please contact Michele Afoa
At Dr. Neborsky's office (858) 481- 6717 or Email: michele@istdp.com