

PITTSBURGH - BALINT LEADERSHIP TRAINING INTENSIVE

November 6-9, 2008

Registration Form (please type or print and keep a photocopy for your records)

Name _____ Degree _____

For purposed of Continuing Education Credit, please check one:

MD, DO Psychologist LSW Other (explain)

License number _____ State _____

Institutional Affiliation _____

Address _____

City _____ State _____ Zip _____

Country _____

Day Phone _____ Fax _____

Email Address _____

\$ _____ Registration Fee (see ABS website announcement for fee schedule)

\$ _____ 2009 American Balint Society Membership Dues

\$ _____ Total Enclosed

Make checks payable to American Balint Society Pittsburgh Intensive

No registration accepted without payment

Send payment with this form to:
Mary Jane Geier, Coordinator (412-858-2770)
Forbes Family Practice Residency Program
2566 Haymaker Road, POB 1, Suite 212
Monroeville, PA 15146

Registration deadline is October 1, 2008

Please complete: I have participated in a Balint group:
never for less than 2 years for more than 2 years

I have led or co-led a Balint group:
never for less than 2 years for more than 2 years

I agree to attend ALL scheduled sessions of the Intensive.