REGISTRATION FORM

Name_____

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FEES

Regular:	$70
Candidate rate*:	45
New Professional* (1-3 years after masters')	30
Student Masters' level*	20

* Documentation required

Please make check payable to **NIPER** (National Institute for Psychoanalytic Education and Research in Clinical Social Work, Inc) and mail registration form to:

NIPER c/o Lawrence Schwartz Partners
47-46 40th Street, (#3E)
Sunnyside, NY 11104

Credit Card #_____

Exp. Date: _____

ONLINE REGISTRATION
Go to www.aapcsw.org and click on, under Events & Workshops for June 22, 2025.

For more information contact
Lawrence Schwartz: aapcsw@gmail.com
718.728.7416

Register by June 15. Zoom Link will be sent to Registrants on June 20.