

FIRST...PLEASE NOTE  
THAT THE GAPT TREASURER  
WILL NOT BE AVAILABLE TO  
PROCESS REGISTRATIONS  
UNTIL FEBRUARY 4.

THIS MEANS THAT YOU MAY  
SEND YOUR REGISTRATION  
BEFORE THAT DATE BUT HE  
WILL NOT PROCESS IT UNTIL  
THEN AND WILL NOT BE  
AVAILABLE FOR QUESTIONS.



NEXT...PLEASE NOTE...  
2 ADDITIONAL  
IMPORTANT THINGS...

THE GAPT ANNUAL CONFERENCE HAS  
**MOVED** TO THE HILTON HOTEL  
WHICH IS ALMOST DIRECTLY  
ACROSS THE STREET FROM OUR  
PREVIOUS NORCROSS HOTEL...  
FORMERLY THE HOLIDAY INN

SECONDLY, IF YOU WANT TO  
OBTAIN THE \$75 PER NIGHT SPECIAL  
ROOM RATE AT THE HILTON, YOU  
**MUST MAKE YOUR RESERVATION** BY  
FEBRUARY 23!!!  
DETAILS ON PAGE 9

# GEORGIA ASSN. FOR PLAY THERAPY ANNUAL CONFERENCE AND MEETING

## *DATES/TOPICS*

**FRIDAY MARCH 9, 2012**

DEVELOPMENTAL & EXPERIENTIAL PLAY THERAPY  
IN THE TREATMENT OF  
CHILDHOOD TRAUMA AND ATTACHMENT

**SATURDAY MARCH 10, 2012**

SENSORY INTEGRATION AND SELF REGULATION  
IN PLAY THERAPY

**SPEAKER:**

**KIMBERLY VANDERDUSSEN**

**PSY.D, RPT&S**

(PLEASE NOTE THAT THIS CONFERENCE IS FOR MENTAL HEALTH PROFESSIONALS ONLY, I.E. THOSE WHO HAVE AN ADVANCED DEGREE IN A MENTAL HEALTH RELATED FIELD OR ARE CURRENTLY WORKING ON ONE)

SPONSORED BY THE GEORGIA ASSOCIATION FOR PLAY THERAPY.

### LOCATION

HILTON HOTEL ATLANTA NORTHEAST 5993 PEACHTREE INDUSTRIAL BLVD.  
NORCROSS, GEORGIA 30092. 770-447-4747.

DEADLINE TO REGISTER... SUNDAY MARCH 4, 2012 AT 7 PM

REGISTRATION AT THE DOOR... IS NOT AVAILABLE

**ADA**

ACCOMMODATIONS WILL BE MADE IN ACCORDANCE WITH THE LAW. IF YOU REQUIRE ADA ACCOMMODATIONS, PLEASE CONTACT DAVID SPRUNK (770-813-3287) AT LEAST TWO WEEKS BEFORE THE CONFERENCE DATE SO THAT ARRANGEMENTS CAN BE MADE.

**WORKSHOP COORDINATOR: TRUDY POST SPRUNK**

## **CONTINUING EDUCATION CREDIT**

### **CONTINUING EDUCATION CREDIT--12 HOURS**

THE CONFERENCE IS CO-SPONSORED BY THE GEORGIA ASSOCIATION FOR PLAY THERAPY AND THE INSTITUTE FOR CONTINUING EDUCATION. THE PARTICIPANT IS OFFERED 6.0 HOURS OF CONTINUING EDUCATION CREDIT PER DAY WITH FULL DAILY ATTENDANCE REQUIRED. THE CONTINUING EDUCATION PROCESSING FEE IS \$20 PER PERSON AND MAY BE PAID WITH THE REGISTRATION FEE.

**THE FOLLOWING CE CREDIT IS PROVIDED BY THE INSTITUTE FOR CONTINUING EDUCATION:**

**PSYCHOLOGY:** THE INSTITUTE FOR CONTINUING EDUCATION IS APPROVED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) TO SPONSOR CONTINUING EDUCATION FOR PSYCHOLOGISTS. THE INSTITUTE MAINTAINS RESPONSIBILITY FOR THE PROGRAM AND ITS CONTENTS.

**COUNSELING:** THE INSTITUTE IS AN NBCC APPROVED CONTINUING EDUCATION PROVIDER AND A CO-SPONSOR OF THIS EVENT. THE INSTITUTE FOR CONTINUING EDUCATION MAY AWARD NBCC APPROVED CLOCK HOURS FOR PROGRAMS THAT MEET NBCC REQUIREMENTS. THE INSTITUTE FOR CONTINUING EDUCATION MAINTAINS RESPONSIBILITY FOR THIS PROGRAM AND ITS CONTENT. NBCC PROVIDER NO. 5643.

**SOCIAL WORK:** THE INSTITUTE IS APPROVED AS A PROVIDER FOR SOCIAL WORK CONTINUING EDUCATION BY THE ASSOCIATION OF SOCIAL WORK BOARDS (ASWB), THROUGH ITS APPROVED CONTINUING EDUCATION PROGRAM, ACE. THE INSTITUTE MAINTAINS RESPONSIBILITY FOR THE PROGRAM. ASWB PROVIDER #1007.

**MARRIAGE AND FAMILY THERAPY:** THE INSTITUTE IS AN APPROVED PROVIDER OF CONTINUING EDUCATION FOR MARRIAGE/FAMILY THERAPY BY THE FLORIDA DEPT. HEALTH, DIVISION MENTAL HEALTH, COUNSELING, AND MFT, PROVIDER BAP 255, EXPIRATION 03/2013.

**NURSING:** THE INSTITUTE FOR CONTINUING EDUCATION IS AN ACCREDITED PROVIDER IN NURSING BY THE ALABAMA BOARD OF NURSING, PROVIDER NO. 1124.

DRUG/ALCOHOL: THE INSTITUTE FOR CONTINUING EDUCATION IS AN APPROVED PROVIDER BY<sup>5</sup> THE NATIONAL ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS (NAADAC). NAADAC PROVIDER NO. 0243.

PLAY THERAPY: THE INSTITUTE IS APPROVED BY THE ASSOCIATION FOR PLAY THERAPY TO OFFER CONTINUING EDUCATION SPECIFIC TO PLAY THERAPY. APT PROVIDER #98-040.

## ABOUT OUR SPEAKER

### BIOGRAPHICAL INFORMATION

KIMBERLY VANDERDUSSEN PSY.D., RPT&S

DR. VANDERDUSSEN IS A LICENSED PSYCHOLOGIST WHO LIVES AND PRACTICES IN ANAHEIM, CALIFORNIA. SHE HAS AN EXTENSIVE EDUCATIONAL HISTORY AND HAS HELD MANY PROFESSIONAL POSITIONS IN BOTH ACADEMIA AND PRIVATE PRACTICE. SHE HAS WRITTEN PROFESSIONALLY AND HER BACKGROUND IS DETAILED IN HER BIOGRAPHY WHICH IS AVAILABLE FOR VIEWING AT OUR WEBSITE. GO TO [WWW.GAPT.ORG](http://WWW.GAPT.ORG) AND CLICK ON **FUTURE EVENTS**. FROM THERE YOU CAN CLICK ON HER **BIO**.

## WHO SHOULD ATTEND

SCHOOL COUNSELORS AND PSYCHOLOGISTS, NURSES, COUNSELORS, MFT'S, PLAY THERAPISTS, SOCIAL WORKERS, PSYCHOLOGISTS, CHILD LIFE SPECIALISTS, ALCOHOL AND DRUG ABUSE COUNSELORS, ART THERAPISTS, MENTAL HEALTH GRAD STUDENTS, AND PASTORAL COUNSELORS. THERE IS NO PREREQUISITE FOR THIS CONFERENCE EXCEPT THAT YOU MUST BE A MENTAL HEALTH PROFESSIONAL WITH AN ADVANCED DEGREE IN A MENTAL HEALTH RELATED FIELD OR BE WORKING ON IT.

## VENDORS

THERE WILL BE NO VENDORS ONSITE DURING THE CONFERENCE.

## ABSTRACT AND GOALS

DEVELOPMENTAL & EXPERIENTIAL PLAY THERAPY  
IN THE TREATMENT OF CHILDHOOD TRAUMA AND ATTACHMENT:

FRIDAY MARCH 9, 2012

**ABSTRACT:** IN THIS WORKSHOP PARTICIPANTS WILL BE INFORMED ABOUT THE NEUROBIOLOGY OF TRAUMA AND ITS IMPACT ON THE DEVELOPING CHILD AND THE ABILITY TO FORM HEALTHY ATTACHMENT RELATIONSHIPS. WITHIN THIS CONTEXT THERAPEUTIC

APPROACHES THAT MEET THE UNIQUE DEVELOPMENTAL AND NEUROLOGICAL NEEDS OF TRAUMATIZED CHILDREN IN THERAPY WILL BE INTRODUCED.

RESEARCH HAS SHOWN THAT EARLY EXPERIENCES CRITICALLY IMPACT THE DEVELOPMENT OF THE BRAIN. DEVELOPMENTAL PLAY PROVIDES CHILDREN WITH CRITICAL NEUROSENSORY EXPERIENCES ESSENTIAL TO PHYSICAL GROWTH, NEUROLOGICAL GROWTH, AND SECURE ATTACHMENT IN THE CHILD-PARENT RELATIONSHIP. DEVELOPMENTAL PLAY THERAPY IS AN EFFECTIVE METHOD FOR CREATING THERAPEUTIC RELATIONSHIPS AND EMOTIONAL ENGAGEMENTS THROUGH SENSORY-MOTOR PLAY INTERACTIONS, HUMAN TOUCHES AND BODY MOVEMENT (BRODY). EXPERIENTIAL PLAY THERAPY PROVIDES CLINICIANS WITH A THEORETICAL FRAMEWORK FOR ENGAGING DIRECTLY IN THE PLAY EXPERIENCE WITH THEIR CLIENTS THROUGH THE DIRECT USE OF PLAY AND METAPHOR (SIEGEL, PERRY, NORTON & NORTON).

TRAUMA IMPACTS BOTH THE ARCHITECTURE AND BIOLOGY OF THE BRAIN ON THE MOST BASIC OF LEVELS (PERRY, SIEGEL). CHILDHOOD TRAUMA AND THE IMPACT OF TRAUMA ON NEUROLOGICAL DEVELOPMENT, NORMAL CHILD DEVELOPMENT, AND ATTACHMENT RELATIONSHIPS WILL BE EXAMINED. DEVELOPMENTAL PLAY THERAPY (BRODY), EXPERIENTIAL PLAY THERAPY (NORTON & NORTON), THE PRINCIPLES OF THE DEVELOPMENTAL INDIVIDUAL DIFFERENCES MODEL (GREENSPAN), AND NEUROSENSORY INTEGRATION (AYERS) STRATEGIES THAT ADDRESS THE TREATMENT OF DISRUPTED ATTACHMENT, POST TRAUMA STRESS DISORDER AND DEVELOPMENTAL DELAYS WILL BE INTRODUCED.

PLAY THERAPY AND CHILD PSYCHOLOGY RESEARCH EVIDENCES THAT THE PARENT'S PARTICIPATION POSITIVELY AFFECTS SUCCESSFUL OUTCOMES IN THE THERAPEUTIC PROCESS (BRATTON, RAY, RHINE, & JONES, SCHAEFER, QUERNEY, VAN FLEET). CHILD TRAUMA VICTIMS RESPOND WELL TO SENSORY MOTOR PLAY AND HAVE BEEN SHOWN TO REGAIN EMOTIONAL AND PHYSICAL HEALTH AND BRAIN PLASTICITY IN OVERCOMING EARLY TRAUMAS BECAUSE THEIR CENTRAL NERVOUS SYSTEMS ARE STILL FLEXIBLE AND RESILIENT. THROUGH CHILD-PARENT INTERACTIONS AND NEUROSENSORY PLAY ACTIVITIES NEURAL CONNECTORS ARE INCREASED, TRAUMA INDUCED BRAIN DAMAGE AND ATTACHMENT RELATIONSHIPS CAN BE REPAIRED.

### GOALS & OBJECTIVES:

1. AFTER THE SESSION, PARTICIPANTS WILL BE PROVIDED WITH A NEUROBIOLOGICAL AND PSYCHOLOGICAL FRAMEWORK FOR UNDERSTANDING THE IMPACT OF TRAUMA ON THE BRAIN OF THE DEVELOPING CHILD.
2. AFTER THE SESSION, PARTICIPANTS WILL UNDERSTAND THE IMPORTANCE OF UTILIZING PLAY THERAPY INTERVENTIONS WITH CHILDREN IN A MANNER THAT ADDRESSES THEIR DEVELOPMENTAL AND NEUROLOGICAL NEEDS.
3. AFTER THE SESSION, PARTICIPANTS WILL UNDERSTAND THE ROLE ATTACHMENT PLAYS IN SUPPORTING HEALTHY CHILD DEVELOPMENT WITHIN A NEUROBIOLOGICALLY BASED PLAY THERAPY FRAMEWORK.

4. AFTER THE SESSION, PARTICIPANTS WILL BE ABLE TO APPLY AND UTILIZE THE PRINCIPLES OF DEVELOPMENTAL PLAY THERAPY, EXPERIENTIAL PLAY THERAPY, AND NEUROSENSORY INTEGRATION APPROACHES IN THE TREATMENT OF CHILDHOOD TRAUMA AND ATTACHMENT DISORDERS IN A WAY THAT IS SENSITIVE TO EACH CHILD'S UNIQUE DEVELOPMENTAL NEEDS.

## SENSORY INTEGRATION AND SELF REGULATION IN PLAY THERAPY

SATURDAY MARCH 12, 2012

**ABSTRACT:** THIS COURSE IS DESIGNED TO FAMILIARIZE PARTICIPANTS WITH SENSORY INTEGRATION DYSFUNCTION AND DISORDERS OF SELF-REGULATION. SYMPTOMS OF SENSORY INTEGRATION DYSFUNCTION CAN CAUSE IMPAIRMENT IN MULTIPLE DOMAINS OF FUNCTIONING INCLUDING, BUT NOT LIMITED TO EMOTIONAL FUNCTIONING, SOCIAL INTERACTION, SCHOOL PERFORMANCE, DEVELOPMENTAL MILESTONES, AND FAMILY FUNCTIONING. SENSORY DEFICITS ARE BELIEVED TO BE NEUROLOGICALLY BASED. ITS EXACT CAUSE IS UNKNOWN BUT CORRELATIONS ARE FOUND WITH NUMEROUS DEVELOPMENTAL DISORDERS, TRAUMA, AND LEARNING DISABILITIES. OCCUPATIONAL THERAPISTS HAVE BEEN WORKING WITH THIS POPULATION FOR DECADES TO DECREASE OVERSENSITIVITY TO SENSORY STIMULI OR INCREASE SENSORY RECEPTIVENESS TO SENSORY STIMULI BASED ON THE PARTICULAR SENSORY PROFILE OF ANY GIVEN CHILD.

PARTICIPANTS ARE TAUGHT HOW TO IDENTIFY SENSORY AND SELF-REGULATION ISSUES IN THEIR CLIENTS THROUGH INFORMATION GATHERING WITH THE FAMILY, DIRECT OBSERVATION OF THE CHILD, AND INTERACTIONS WITH THE CHILD IN TREATMENT. ADDITIONALLY PARTICIPANTS ARE PROVIDED WITH A LIST OF RECOMMENDED TOOLS AND TOYS TO INCLUDE IN THEIR PLAYROOM THAT WILL PROMOTE SELF-REGULATION IN CHILDREN WITH SENSORY INTEGRATION DYSFUNCTION. PARTICIPANTS WILL ALSO BE PROVIDED WITH INTERVENTION STRATEGIES SPECIFICALLY DESIGNED TO BE SENSITIVE TO A CHILD'S UNIQUE SENSORY PROFILE.

### **GOALS & OBJECTIVES:**

1. AFTER THE SESSION, PARTICIPANTS WILL BE ABLE TO LIST SYMPTOMS OF SENSORY INTEGRATION DYSFUNCTION AND DISORDERS OF SELF-REGULATION IN CHILDREN.
2. AFTER THE SESSION, PARTICIPANTS WILL BE ABLE TO CONCEPTUALIZE THOSE SYMPTOMS OF SENSORY INTEGRATION DYSFUNCTION INTO SENSORY PROFILES AND DISORDERS OF SELF-REGULATION IN ORDER TO DESIGN INTERVENTIONS THAT ARE SENSITIVE EACH CLIENT'S UNIQUE NEEDS.
3. AFTER THE SESSION, PARTICIPANTS WILL BE ABLE TO UTILIZE AT LEAST SIX DIFFERENT PLAY THERAPY INTERVENTION TECHNIQUES, TOOLS, AND INTERVENTION STRATEGIES DESIGNED TO PROMOTE SELF-REGULATION IN THEIR CLIENTS.

# SCHEDULE-2012

## FRIDAY

### **SIGN IN**

8:15-8:45 AM

ANNUAL MEETING

8:45-9AM

PRESENTATION

9AM-NOON (15 MINUTE BREAK AT 10:30)

LUNCH

NOON-1 PM LUNCH (INCLUDED IN YOUR FEE)

PRESENTATION

1-4:30 PM (15 MINUTE BREAK AT 3 PM)

### **SIGN OUT**

4:30PM

## SATURDAY

### **SIGN IN**

8:15-8:45 AM

SPECIAL PRESENTATION

8:45-9AM SPECIAL PRESENTATION

PRESENTATION

9AM-NOON (15 MINUTE BREAK AT 10:30)

LUNCH

NOON-1 PM LUNCH (INCLUDED IN YOUR FEE)

PRESENTATION

1-4:30 PM (15 MINUTE BREAK AT 3 PM)

### **SIGN OUT**

4:30PM

## WHAT YOU NEED TO READ & KNOW BEFORE YOU REGISTER

### STAYING AT THE HOTEL

GAPT PARTICIPANTS AT OUR EVENTS HELD AT THE HILTON HOTEL ARE ENTITLED TO A SPECIAL DISCOUNTED ROOM RATE OF \$75 PER NIGHT. YOU NEED TO MAKE YOUR HOTEL RESERVATIONS BY TELEPHONE DIRECTLY WITH THE HOTEL AT 770-447-4747. **THE DEADLINE TO TAKE ADVANTAGE OF THIS DISCOUNT IS FEBRUARY 23!!!!!!**

BE SURE TO INDICATE THAT YOU WANT THE **SPECIAL GAPT RATE** FOR PARTICIPANTS AT THE EVENT. IF YOU ARE TOLD THAT THERE IS NO SPECIAL RATE AVAILABLE, PLEASE CALL SANDI FRANKLIN AT 678-533-3320. IF THAT DOES NOT WORK, PLEASE CALL DAVID AT 770-813-3287

**LUNCH** IS INCLUDED IN YOUR FEE. IT WILL BE A BUFFET LUNCH. IF YOU HAVE **SPECIAL DIETARY REQUIREMENTS**, PLEASE COMPLETE YOUR REQUEST ON THE REGISTRATION FORM.

**CANCELLATION POLICY** CANCEL BEFORE FEBRUARY 25—FULL REFUND...WILL BE SENT WITHIN A WEEK OF NOTIFICATION.

FEBRUARY 25-MARCH 8--50% IS FORFEITED. THE OTHER 50% BECOMES A CREDIT TO A FUTURE GAPT EVENT.

AFTER MARCH 8 NO REFUND OR CREDIT.

ALL CORRESPONDENCE REGARDING CANCELLATIONS, CREDITS, REFUNDS, ETC. MUST BE MADE IN WRITING AND CAN BE DONE VIA EMAIL.

GAPT HAS A LONG STANDING POLICY WHEREBY THE BOARD REVIEWS REQUESTS FOR REFUND OR CREDIT WHICH DO NOT FIT OUR POLICY, ON A CASE-BY-CASE BASIS. EXAMPLES WOULD INCLUDE BUT NOT BE LIMITED TO ACTS-OF-GOD. AN EXAMPLE OF AN ACT-OF-GOD IS A TORNADO THAT DAMAGES THE FACILITY WE PLANNED TO USE. THE BOARD WILL CONTINUE TO CONSIDER SUCH REQUESTS.

**NOTIFICATION** THAT YOUR REGISTRATION HAS BEEN RECEIVED AND APPROVED WILL BE SENT VIA EMAIL TO THE EMAIL ADDRESS YOU PROVIDE ON YOUR REGISTRATION FORM PLUS ANY OTHER EMAIL ADDRESSES THAT WE HAVE FOR YOU. WE WILL BEGIN PROCESSING REGISTRATIONS ON **FEBRUARY 4, 2012**.

**YOUR CONFIRMATION** WILL BE SENT WHEN WE COMPLETE YOUR REGISTRATION. REGISTRATION IS NOT COMPLETE UNTIL YOUR CHECK HAS BEEN DEPOSITED OR YOUR CREDIT CARD APPROVED. IF YOU SEND INCOMPLETE INFORMATION WE WILL CONTACT YOU.

## HOW TO REGISTER

- 1 **MAIL** CHECK AND REGISTRATION FORM (ALSO THE STUDENT DISCOUNT FORM IF APPLICABLE) TO GAPT, 3951 MUIRFIELD SQ., DULUTH, GA 30096. IT IS STRONGLY SUGGESTED THAT YOU **NOT USE** THIS OPTION AFTER FEBRUARY 28 BECAUSE IF IT IS RECEIVED AFTER THE DEADLINE, IT WILL BE RETURNED. THERE WILL BE **NO REGISTRATION AT THE DOOR.**
- 2 **FAX** YOUR REGISTRATION FORM (AND STUDENT DISCOUNT FORM IF APPLICABLE) TO 770-813-3287. BE SURE TO INCLUDE CREDIT CARD INFORMATION FOR PAYMENT. PLEASE NOTE THAT ONLY THE GAPT PRESIDENT AND TREASURER HAVE ACCESS TO THE FAX AND ANSWERING MACHINE AT THIS NUMBER. MESSAGES CAN BE LEFT IF WE ARE NOT AVAILABLE.
- 3 **CALL** DAVID, OUR TREASURER AT 770-813-3287. HE WILL TAKE YOUR REGISTRATION AND CREDIT CARD INFORMATION ON THE PHONE.

PLEASE...**ONLY CALL DAVID** WITH REGISTRATION QUESTIONS. SINCE TRUDY DOES NOT DO REGISTRATION, WE URGE YOU **NOT TO CALL** HER OFFICE WITH GAPT REGISTRATION QUESTIONS. SUCH CALLS **WILL** DELAY YOUR REGISTRATION. DO NOT GIVE US YOUR CREDIT CARD INFORMATION IN AN EMAIL!!!

## REGISTRATION FEES TO ATTEND THE CONFERENCE

GAPT MEMBER*	\$ 90	<u>PER DAY</u>
NON-MEMBER	100	<u>PER DAY</u>
STUDENT**	70	PER DAY

\* IF YOU ARE UNSURE IF YOU ARE A CURRENT MEMBER OF GAPT/APT, PLEASE GO TO THE APT WEBSITE [WWW.A4PT.ORG](http://WWW.A4PT.ORG) AND VERIFY YOUR STATUS.

\*\* TO QUALIFY FOR THE STUDENT RATE, COMPLETE THE APPLICATION FOR STUDENT DISCOUNT RATE (FOLLOWING PAGE) AND INCLUDE IT WITH YOUR REGISTRATION. **ONLY STUDENTS CURRENTLY IN A GRADUATE LEVEL MENTAL HEALTH DEGREE PROGRAM** QUALIFY FOR THE STUDENT DISCOUNT.

## OPTIONAL FEES

CEC FEE                      \$20 IF ORDERED PRIOR TO MARCH 4, 2012. SUBSEQUENTLY, YOU MAY ORDER A CEC FORM BY CONTACTING LINDA LAKEMAN AT 800-557-1950.

THE FEE IS THE SAME AMOUNT REGARDLESS OF WHETHER YOU ATTEND ONE OR BOTH DAYS

**TO REGISTER YOU NEED TO  
PRINT AND COMPLETE THIS PAGE...**

**THIS PAGE IS AN INVOICE FROM GAPT,  
3951 MUIRFIELD SQ., DULUTH, GEORGIA 30096  
MAKE A COPY FOR YOURSELF OR EMPLOYER IF NEEDED**

**DEADLINE TO REGISTER IS MARCH 4, 2011 AT 7 PM**

NAME (PLEASE PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER(S) WHERE WE CAN REACH YOU IF WE HAVE A PROBLEM WITH YOUR  
REGISTRATION \_\_\_\_\_

EMAIL ADDRESS WHERE YOU WANT US TO SEND YOUR CONFIRMATION.(PLEASE PRINT  
CAREFULLY) \_\_\_\_\_

INDICATE IF YOU ARE A CURRENT MEMBER OF APT/GAPT \_\_\_YES\_\_\_NO

FOR FEES INFORMATION, SEE THE PRIOR PAGE

FEES...

REGISTRATION FEE-FRIDAY	\$ _____	IF YOU ARE ATTENDING ONLY 1 DAY PLEASE BE
REGISTRATION FEE-SATURDAY	_____	SURE TO USE THE PROPER LINE.
CEC FEE...OPTIONAL	_____	EITHER ENTER \$20 OR LEAVE IT BLANK
TOTAL ENCLOSED	_____	

**IF YOU HAVE SPECIAL DIETARY REQUIREMENTS AS THE RESULT OF A HEALTH CONCERN,  
THE HOTEL IS WILLING TO MAKE A REASONABLE ARRANGEMENT FOR YOU. PLEASE  
PROVIDE RELEVANT INFORMATION HERE. \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

MAKE YOUR CHECK PAYABLE TO **GAPT** OR...PAY BY CREDIT CARD:

( ) VISA ( ) M/CARD # \_\_\_\_\_

EXP. (MO/YR) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

GAPT OFFICE USE...INVOICE # \_\_\_\_\_ CAPTURED \_\_\_\_\_ REFERENCE # \_\_\_\_\_

APPLICATION FOR STUDENT DISCOUNT RATE  
FOR AN EVENT OF THE GEORGIA ASSN. FOR PLAY THERAPY

TO THE STUDENT:

GAPT GRANTS STUDENT RATES FOR MOST EVENTS. IN ORDER TO QUALIFY, THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE APPLICANT AND SIGNED BY HIS/HER PROFESSOR. PLEASE INCLUDE THIS FORM WITH YOUR REGISTRATION FORM AND PAY THE STUDENT RATE. IF YOUR REQUEST FOR THE STUDENT RATE IS DECLINED, YOU WILL BE NOTIFIED.

TO THE STUDENT'S PRIMARY PROFESSOR:

I CERTIFY THAT \_\_\_\_\_ IS PURSUING AN **ADVANCED** DEGREE IN A **GRADUATE MENTAL HEALTH DEGREE PROGRAM** DURING THE CURRENT ACADEMIC SEMESTER/QUARTER.

FIELD OF STUDY...COMPLETE ONE:

MASTERS DEGREE PROGRAM IN \_\_\_\_\_

ED. S DEGREE PROGRAM IN \_\_\_\_\_

DOCTORAL DEGREE PROGRAM IN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PROFESSOR

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
NAME OF INSTITUTION

\_\_\_\_\_  
DATE