

**Los Angeles Institute and Society for Psychoanalytic Studies**

**TRAUMA STUDIES COURSE  
REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Degree \_\_\_\_\_ Professional License Number \_\_\_\_\_

**FEE**

(Reading materials included)

\$1,200 if registered by September 24, 2010

\$1,250 after September 24, 2010

(Students and Interns – 20% Discount)

Tuition is nonrefundable after the class has begun.

Please make check payable to LAISPS  
and mail with this Registration Form to:

Los Angeles Institute and Society for Psychoanalytic Studies  
12011 San Vicente Blvd., Suite 310  
Los Angeles, CA 90049

*For further information, please contact:*

*Los Angeles Institute and Society for Psychoanalytic Studies*  
*(310) 440-0333*  
*[laisps@mindspring.com](mailto:laisps@mindspring.com)*

*[www.laisps.org](http://www.laisps.org)*