

**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 30, 2011

\$1,250 if registered after September 30, 2011

(Students and Interns – \$980/1,030)

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)