SSTAR Society for Sex Therapy & Research

REGISTRATION FORM

2014 SSTAR Fall Clinical Meeting
Broadway Millennium Hotel, Times Square, New York
September 19, 2014

(Please print or type)

Name: _____

Email: _____ **Phone:** _____

Degree: _____

License Name/Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Fall Meeting Fees – Registration is limited

____ **SSTAR Member $235 (same fee for student member)**

____ **Non-Member $275 (guest may register starting June 15**

Lunch at the Broadway Millennium Hotel is included.

Dietary restrictions: _____

Type of Continuing Education credits desired:

- ❑ **CME Fees - $50**
- ❑ **CE Fees ($25 per type, please select)**
  - ❑ AASECT ❑ APA ❑ CBBS

Payment Information (US Dollar Only)

❑ Check (made payable to SSTAR) Check #_____

Credit Card Number:_____

Exp. Date:____/____/____ Security Code: _____

Amount to Charge: $_____ Total fee includes registration and CE fees.

Signature: _____

The above signature hereby authorizes this transaction.

Please complete this registration form and mail with payment information to:
SSTAR National Office, 6311 W. Gross Point Road, Niles, IL 60714 or FAX to: 847-647-8940

Cancellation Policy: Written cancellations must be received prior to **Tuesday, August 26, 2014**. A US processing fee of $50 will be charged to all cancellations. No refunds will be issued after August 26.