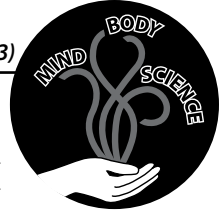


Registration Form

(page 1 of 3)



	Members	Non-Members		
Full Registration, Early: by 8/31	\$475	\$575	<input type="checkbox"/>	\$ _____
Full Registration, Regular: 9/1 - 10/19	\$525	\$625	<input type="checkbox"/>	\$ _____
Full Registration, On-site: after 10/20	\$625	\$725	<input type="checkbox"/>	\$ _____
Work Study	\$285	\$385	<input type="checkbox"/>	\$ _____
1-Day Registration, Early: by 8/31	\$250	\$350	<input type="checkbox"/>	\$ _____
1-Day Registration, Regular: 9/1 - 10/19	\$300	\$350	<input type="checkbox"/>	\$ _____
Price is per day. Please circle which day(s):	Friday	Saturday	Sunday	

Student, JFK Member		\$215	<input type="checkbox"/>	\$ _____
Student, All Other Members		\$285	<input type="checkbox"/>	\$ _____
Student, JFK Non-Member		\$300	<input type="checkbox"/>	\$ _____
Student, All Other Non- Members		\$375	<input type="checkbox"/>	\$ _____

After 10/20 pay on-site regular registration rate. Available only to students enrolled full time (12 hours undergraduate/6 hours graduate) in an accredited degree granting institution. Must provide proof: copy of course schedule as proof of full time enrollment for Spring or Fall 2010.

Post-Conference, with Full Registration	\$150	\$225	<input type="checkbox"/>	\$ _____
Post-Conference, without Full Registration	\$250	\$350	<input type="checkbox"/>	\$ _____

USABP Membership (if applicable) See membership form (pg.14) \$ _____

Grand Total: \$ _____

USABP Sponsored Luncheon and Award Luncheon: Every effort is being made to accommodate those with special dietary needs. Please understand that we are limited on the number of "selections" we can offer at any meal. In some cases the food item in question may be served on the side (such as cheese on the side rather than in the meal). Email admin@usabp.org if you have dietary questions. Please indicate any of the following dietary restrictions:

- No dietary restrictions No dairy Gluten free No meat (beef, poultry, fish)

USABP Student Council: If you are registering for the conference as a student attendee, please indicate if you would be interested in attending a meeting at the conference to explore the formation of a USABP Student Council. This is a wonderful opportunity to become a part of the future of USABP, along with contributing to and influencing the direction of the field of Body Psychotherapy. Yes, I am interested! No thank you.

ALL PARTICIPANTS MUST AGREE TO THE FOLLOWING AS EVIDENCED BY INITIALING AND SUBMITTING THIS REGISTRATION:

_____ I hereby grant full permission to use my name and any photographs, videotapes, or other records of this event for any purpose by the USABP. I understand that any of the presentations/workshops/breakouts/luncheons/or other events sponsored by USABP may be video or audio recorded and that I hold no proprietary right to this information.

Name _____

Degree _____

Address _____

City _____ State/Prov. _____

Zip/Postal Code _____

Daytime Phone _____

Alternate Phone _____

Email _____

Payment Information

I have enclosed a check (US funds, payable to USABP)

Please bill my credit card

Visa MasterCard Discover

Security Code _____ Exp. Date _____

Signature _____

Send entire form and payment to:

USABP
8639 B 16th St., Suite 119
Silver Spring, MD 20910-2273

or fax to: 832-717-7508

Questions? 202-466-1619 or usabp@usabp.org

Choose your sessions on pages 12 & 13. Membership Application on page 14.



Pre-registration is required for all sessions. Please indicate your first and second choice for each time slot. On-line registration gets priority of session selections. Register on-line and know immediately if you get your first choice sessions! Visit us at: www.usabp.org

Monday, October 25th Post-Conference Workshops

- | | | |
|-----------------|-------|-------------------------------------------------------------------------------------------------------------------------------------|
| First
Choice | _____ | (Optional, not included in full registration, requires extra fee.
Subject to cancellation due to lack of registration minimums.) |
| _____ | _____ | Working Along the Stress Continuum in Somatic Psychotherapy |
| _____ | _____ | An Introduction to Sensorimotor Psychotherapy |
| _____ | _____ | Implications of Trauma Response |
| _____ | _____ | Breaking The Bonds That Hurt Us: Incorporating Clinical Theories
of Somatic Psychotherapy and Yoga Psychology |
| _____ | _____ | Dance/Movement Therapy: Post-traumatic Growth Approach to Trauma |

First
Choice

Second
Choice

Time

Friday, October 22nd Sessions

Intensives

- | | | | |
|-------|-------|------------|--------------------------------------------------------------------------|
| _____ | _____ | 12:15-3:00 | Realization Process: A Somatic Approach to Healing Trauma |
| _____ | _____ | 12:15-3:00 | Unraveling Trauma from the Inside Out: The Practice of Sensory Awareness |

Breakouts 12:15-1:30

- | | | | |
|-------|-------|------------|-------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 12:15-1:30 | Voice-Resonance and Singing (VRS) in Trauma Healing: A User-Friendly
Intro for Psychotherapists Willing to Hum |
| _____ | _____ | 12:15-1:30 | When Trauma Becomes An Entry To Depth In Body Psychotherapy |
| _____ | _____ | 12:15-1:30 | Growing Up Gay |
| _____ | _____ | 12:15-1:30 | Research 101 for Body Psychotherapists |
| _____ | _____ | 12:15-1:30 | Bioenergetic Approach to Trauma: Facilitating Release of Trauma from the Body-Part 1 |
| _____ | _____ | 12:15-1:30 | Dancing in Our Blood: Dance Movement Therapy with Survivors of War,
Torture and Mass Trauma-Part 1 |

Breakouts 1:45-3:00

- | | | | |
|-------|-------|-----------|------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 1:45-3:00 | Bioenergetic Approach to Trauma: Facilitating Release of Trauma from the Body-Part 2 |
| _____ | _____ | 1:45-3:00 | Dancing in Our Blood: Dance Movement Therapy with Survivors of War,
Torture and Mass Trauma-Part 2 |
| _____ | _____ | 1:45-3:00 | Somatic Resourcing: The Use of Movement and Touch with Trauma Clients |
| _____ | _____ | 1:45-3:00 | Teaching College Students About Body-Oriented Approaches to Healing
Trauma: Ethical Issues, Problems, and Solutions |
| _____ | _____ | 1:45-3:00 | Treating the Trauma of Serious Illness: A Focusing Approach to Alleviating
Stress and Suffering |
| _____ | _____ | 1:45-3:00 | Aquatic Bodywork for Treating Trauma |

Breakouts 3:15-4:30

- | | | | |
|-------|-------|-----------|-------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 3:15-4:30 | Fathers: The Unexplored Wound |
| _____ | _____ | 3:15-4:30 | We Want You to Effectively Care for US Military Veterans |
| _____ | _____ | 3:15-4:30 | Transforming the Somatic Aftereffects of Trauma with Imagery:
A Right Hemispheric Approach |
| _____ | _____ | 3:15-4:30 | Training Behavioral Health Workers Who Care for Traumatized Residential
Clients: Self-to-Self Regulation |
| _____ | _____ | 3:15-4:30 | Wholebody Focusing-Oriented Therapy: An Experiential Approach to Letting
the Body Transform Trauma |
| _____ | _____ | 3:15-4:30 | Limbic Tuning: An Experiential Integration of Trauma and Psychodynamic Paradigms |



Saturday, October 23rd Sessions

Intensives

- ___ ___ 2:15-5:00 Current Research in Body Psychotherapy
- ___ ___ 2:15-5:00 Exploring the Critical Elements of Trauma Treatment

Breakouts 2:15-3:30

- ___ ___ 2:15-3:30 The Multiple Mind: Transforming Trauma - Inviting Self Regulation
- ___ ___ 2:15-3:30 The Use of Movement and Art Therapy for Self-Care
- ___ ___ 2:15-3:30 Mindfulness, Micromovements and Traumatic Activation: A Hakomi Approach to Trauma
- ___ ___ 2:15-3:30 Developmental Trauma: Character Structure, Attachment Theory and Treatment of Trauma
- ___ ___ 2:15-3:30 Touching Trauma: The Use of Touch for Supporting Resilience and Development of the Capacity for Self-Regulation
- ___ ___ 2:15-3:30 Authentic Movement and the Autonomic Nervous System: A Preliminary Investigation-Part 1

Breakouts 3:45-5:00

- ___ ___ 3:45-5:00 Authentic Movement and the Autonomic Nervous System: A Preliminary Investigation-Part 2
- ___ ___ 3:45-5:00 Integrative Body Psychotherapy: Our Approach to Trauma and Healing
- ___ ___ 3:45-5:00 Psychoneurobiology of Touch and Trauma: Somatic Experiencing from Dysregulation to Coherence
- ___ ___ 3:45-5:00 The Impact of Developmental Trauma on the Development of Chemical Dependency: Implications for Treatment
- ___ ___ 3:45-5:00 Focusing-Oriented Art Therapy with Trauma: Focusing-Oriented Art Therapy (FOAT)
- ___ ___ 3:45-5:00 Listening To The Body: A Pragmatic Case Study of Body Psychotherapy

Breakouts 5:15-6:30

- ___ ___ 5:15-6:30 The Dilemma Within: Recognizing the Role of Empathic Resonance in Understanding, Preventing and Treating Compassion Fatigue
- ___ ___ 5:15-6:30 Healing the Trauma of Racism: Mindfulness, Embodiment, and Social Justice
- ___ ___ 5:15-6:30 Working Along the Trauma-Stress Continuum... Wellness Practices that Integrate Body, Mind and Soul
- ___ ___ 5:15-6:30 Research on Somatic and Interoceptive Awareness to Help Bridge the Gap Between Body Work, Somatic Psychotherapies and Western Science
- ___ ___ 5:15-6:30 Trauma Body, Dream Body, Liberation Body
- ___ ___ 5:15-6:30 Managing Emotion and Hyperarousal in Trauma

Sunday, October 24th Sessions

Intensives

- ___ ___ 2:15-5:00 The Drama Triangle: Unraveling the Roots of Family Trauma
- ___ ___ 2:15-5:00 Body/Movement Observation and Analysis: Foundations of Movement Patterning and Body Organization

Breakouts 2:15-3:30

- ___ ___ 2:15-3:30 Developmental Trauma and PTSD: Working with Psychomotoric Patterns Related to Diagnosis and Developmental Stages
- ___ ___ 2:15-3:30 Stories of Hope from Northern Uganda-How Healing the Body Trauma Helps Survivors Thrive
- ___ ___ 2:15-3:30 Recognizing and Healing Our Earliest Trauma: Integrating Somatic Psychotherapy, Pre- and Perinatal Psychology with Neuroscience and Attachment Theory
- ___ ___ 2:15-3:30 Biopsychological Considerations When Working in the Military Culture: Efficacy of Combined Narrative and Somatic Approaches
- ___ ___ 2:15-3:30 Birthing the Moment: Self-Initiation and Creativity in the Therapeutic Process Part 1
- ___ ___ 2:15-3:30 Clinical Roadmaps for Healing from Trauma Part 1

Breakouts 3:45-5:00

- ___ ___ 3:45-5:00 Clinical Roadmaps for Healing from Trauma Part 2
- ___ ___ 3:45-5:00 Birthing the Moment: Self-Initiation and Creativity in the Therapeutic Process Part 2
- ___ ___ 3:45-5:00 Discovering Wisdom and Healing in Trauma Symptoms using Mindell's Process Work
- ___ ___ 3:45-5:00 Trauma at the End of Life: Somatic Experiencing and Body Based Approaches in Caring for Elders with Dementia
- ___ ___ 3:45-5:00 Trauma: Hidden Component in Couples Conflict
- ___ ___ 3:45-5:00 Oppression Embodied: The Intersecting Dimensions of Trauma, Oppression and Somatic Psychology



Membership Application

Mission Statement

The USABP believes that the integration of the body and mind is essential for effective psychotherapy and to that end, its mission is to develop and advance the art, science, and practice of Body Psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity.

Membership Categories

Visit www.usabp.org for a full listing of membership benefits.

- _____ \$150 Clinical Body Psychotherapist - One Year
Advanced degree in body psychotherapy, or in a psychotherapy discipline combined with certification in a recognized body psychotherapy modality, or modality certification combined with training in formal principles of psychotherapy
- _____ \$125 Associate Professional Member - One Year
Health and/or body worker interested in body psychotherapy
- _____ \$75 Affiliate Member
General public interested in supporting the mission and goals of USABP
- _____ \$50 Student Member
Enrolled in a degree granting or certification program (Max. 4 yrs.)
School _____
Year of Completion _____
Name _____
Degrees & Licenses _____
Bodywork Modality _____
Address _____
City _____ State _____ Zip _____
Telephone _____
E-mail _____

Payment

Check____ Disc____ Visa____ MC____

Card Number _____

Exp. Date _____ Security Code _____

Signature _____

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