



GREATER KANSAS CITY
AND TOPEKA
PSYCHOANALYTIC CENTER

Otto F. Kernberg, M.D., F.A.P.A.
“Transference Focused Psychotherapy”

REGISTRATION FORM
(One Registration Form Per Person)

Registration Deadline: April 21, 2014

Title and Degree _____

Name _____

University or Institute Currently Attending _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone # _____

(Required)

(Required)

Registration Fee:

- Professionals = \$120 before deadline, \$130 after deadline
- Candidates/Residents/Students = \$75 before deadline, \$85 after deadline

Please Note: Lunch will not be guaranteed if registration or payment is received after April 21.

Amount Enclosed: \$ _____

Payment Method

Check Enclosed (Payable to GKCTPC)

Charge My: MasterCard Visa

Name Printed on Card _____

Credit Card No.: _____

Expiration Date: _____

V-Code (Required): _____ (3-digit number on back of card)

Please mail registration form to:

GKCTPC, 1000 E. 24th Street, 4E-53, Kansas City, MO 64108,
Attn: Barbara Sloan, Administrator
Phone: 816-512-7438