



Alaska Psychological Association

# Continuing Education, Annual Meeting & Awards Luncheon

A 1/2 Day Workshop 9:30 am-2:30 pm including AK-PA annual meeting and awards luncheon  
\*(3.5 CE Credits total – including 1 ETHICS credit)

**Saturday, November 12, 2011 – 9:30am-2:30pm**

To be held at the conference room of

**BP Energy Center**

**900 E. Benson Blvd**

## *Complex Issues in Family Therapy*

PANEL MEMBERS:

**Pam Hays, PhD**

**Marty Atrops, PhD**

**Suzanne Womak Strisik, PhD**

**Chris Reynolds, MS, LPC**

**Joel Wieman, PhD**

### **Workshop Summary**

A panel discussion will be moderated by Al Levy, MS LPA to facilitate a discussion of Complex Issues in Family Therapy.

## *Professional Practice in Alaska*

PANEL MEMBERS:

**Dave Sandberg, PhD**

**Phil Baker, PhD**

**Carey Edney, PhD**

Sponsored by Alaska Psychological Association - AK-PA is approved by the American Psychological Association to offer continuing education programs for psychologists. AK-PA maintains responsibility for the program.\*three and a half (3.5) continuing education credits (1 credit Ethics content) will be available to participants who attend the entire workshop.

# Registration Form

Alaska Psychological Association  
Continuing Education, Annual Meeting and Awards Luncheon  
Saturday, November 12, 2011

## *Complex Issues in Family Therapy*

A 1/2 Day Workshop

\*(3.5 Continuing Education Credits – including 1 ETHICS CE)

### Fees and Registration

Because there is catered luncheon at this event we need as much as possible to have an accurate preregistration.

PLEASE E-MAIL TONIE QUAINANCE AT [executivedirector@ak-pa.org](mailto:executivedirector@ak-pa.org) IF  
YOU ARE PLANNING TO REGISTER AT THE DOOR

	Pre-registration to Nov 9	Registration at the door – CHECK OR CASH ONLY
AK-PA Members	\$85	\$100
Non-AK-PA Members	\$95	\$105
Students	\$25	\$30

Please check this box if you wish to attend ONLY the luncheon and Annual Meeting \$ 30

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact phone and Email address: \_\_\_\_\_

#### Payment:

\_\_\_\_\_ Check (Made out to **AK-PA**)

\_\_\_\_\_ Credit Card (Visa or Mastercard only)

Card Number and Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail or fax this form and payment to:**

AK-PA  
P.O. Box 241292  
Anchorage, Alaska 99524-1292  
907-349-2161