

SGAPT 2019 ANNUAL CONFERENCE
FEBRUARY 1-2, 2019
PUTTING THE PIECES TOGETHER:
CLIENT, FAMILY, SCHOOL AND
THERAPIST

GEORGIA SOUTHERN UNIVERSITY
COLLEGE OF EDUCATION
275 COLLEGE OF EDUCATION DR
STATESBORO, GA



12 CE credits

LPCA/NASW approval pending
APT Approved Provider 16-460

Contact Info

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sga4pt@gmail.com

Cost:

\$120 per day professional
\$100 per day SGAPT members
\$70 per day student
20% discount for GSU faculty, staff
and students

FRIDAY – Tommy Cramer, MA, APC

SESSION 1 – FAMILY INVOLVEMENT IN THE
PLAY THERAPY SETTING

SESSION 2 – EDUCATIONAL ADVOCACY IN
THE CLINICAL SETTING: UNDERSTANDING
IEPS AND 504S



SATURDAY – Shauna Joye, PhD

AUTISM SPECTRUM DISORDER: A
COMPREHENSIVE LOOK AT ASSESSMENT,
ASSOCIATED FEATURES, DIFFERENTIAL
DIAGNOSIS, AND INTERVENTION



REGISTER:

ONLINE – SGA4PT.COM

BY EMAIL – COMPLETE AND
UPLOAD THIS FORM TO
SGA4PT@GMAIL.COM

BY FAX – COMPLETE THIS FORM
AND FAX TO 888-241-9172

BY MAIL – COMPLETE AND MAIL
FORM WITH PAYMENT TO
337 S. WALNUT ST
STATESBORO, GA 30458

SGAPT Annual Conference Registration Form

February 1 & 2, 2019

Pending Approval 12 CEUs Available (APT approved, LPCA/NASW pending)

Friday Morning: Tommy Cramer, Associate Professional Counselor at Joye Psychology & Wellness presents *Family Involvement in the Play Therapy Setting & Educational Advocacy in the Clinical Setting: Understanding IEPs and 504s*.

Saturday: We are excited to welcome our Keynote speaker Shauna Joye, Ph.D. whose presentation is titled *Autism Spectrum Disorder: A Comprehensive Look at Assessment, Associated Features, Differential Diagnosis, and Intervention*.

FRIDAY (select one)

- Professional - \$120
- Professional SGAPT member - \$100
- Student - \$70
- GSU Professional - \$96
- GSU SGAPT member - \$80
- GSU Student - \$56

SATURDAY (select one)

- Professional - \$120
- Professional SGAPT member - \$100
- Student - \$70
- GSU Professional - \$96
- GSU SGAPT member - \$80
- GSU Student - \$56

TOTAL \$ _____

Name & Credentials: _____

Email & Phone #: _____

Phone: _____

Address: _____

City/State/Zip: _____

We accept Checks, Credit Cards, and Cash. Please make Checks out to **SGAPT**.

CC #: _____

Exp: _____ CVV: _____ Billing Zip Code: _____

Return form to SGAPT via email to sga4pt@gmail.com | via fax to 888-241-9172 | via mail to 337 S. Walnut St, Statesboro, GA 30458 | or register online at sga4pt.com