

Registration Form

Intermediate Cognitive Behavioural Therapy Techniques Sept 17 & 18, 2018

NOTE: You must fill out and send in this form to secure a place in the course. Please print clearly in black ink.

Name: _____	Occupation: _____
Address: _____ _____	
E-Mail: _____	Phone: _____

Lunch choice: (circle one) Regular Vegetarian

Food Allergies: _____

Registration Fee (circle one)

	<u>Rate</u>	<u>by Sept 4/18</u>	<u>after Sept 4/18</u>
Regular		\$360	\$410
Group*		\$310	\$360
Medical Resident		\$275	\$325
Full-time Student		\$250	\$300

* Group rate applies to 5 or more registering together at regular rate. If registering at group rate please list group members:

GROUP MEMBERS: _____

HOW TO REGISTER

To register for the course, please fill in this registration form and mail it to the address below. Alternatively you can scan and email this form to workshops@micheladavid.com; we will then hold a spot for 10 days until payment is received.

PAYMENT OPTIONS (check one)

Cheque (payable to *Michela David* and mail with registration form to the address below)

Credit Card via PayPal (see online instructions at www.micheladavid.com)

Other (e.g. departmental or employer invoicing, by prior arrangement only).

Details: _____

Mailing address:

Michela David CBT Courses
PO Box 26027,
GARDINERS
KINGSTON ON K7M 8W4

Questions? workshops@micheladavid.com or 613-484-5203

Confirmation: Confirmation of registration will be sent to you by email at a later date

Cancellation: See course brochure for cancellation policy

Certificate s: All will receive a certificate of course completion