

York University Psychology Clinic

Registration Form:

Memory and Aging Program

Mondays & Wednesdays, beginning September 24th and ending October 31st, 2018 (10 sessions)

Sept 24, 26, Oct 1, 3, 10, 15, 22, 24, 29, 31

Behavioral Science Building: Room 102A, 12:00 to 1:00 PM

Fee: \$120.00 (Includes a participant workbook)

Name: _____

Email: _____

Telephone: _____

Method of Payment- Please note: full registration fee is due prior to start of workshop. Payment must be made by cheque or credit card (Visa or Mastercard) and must accompany the registration form. Registration by fax [416-650-8489] accepted with credit card payment only. Cheques should be payable to York University and can be mailed to: York University Psychology Clinic, Rm 104 Behavioral Science Building, 4700 Keele Street, Toronto, ON M3J 1P3 or dropped off at the clinic.

I wish to pay by: Cheque ___ Visa ___ Mastercard ___

Total fee enclosed: \$_____

Card Number: _____

Expiry Date: _____

Name on Card: _____

Signature: _____

Please be sure to provide email address & phone number so we can contact you in case of last minute changes.

NOTE: You will receive an e-mail confirmation of your registration within 2 business days of its receipt. If you do not receive this e-mail please contact the clinic to ensure that we have received your registration.



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PSYCHOLOGY CLINIC