York University Psychology Clinic

Registration Form – Please Print Clearly

EFT Couples Institute 2019: November 20-23, 2019 (\$1,295 CDN)

Name:			
Organization:			
Professional Affiliation	n:		
Email:		Day Phone:	
Deposit - \$250.00 non	-refundable		
York University Psycho case a full refund will l	• ,	s the right to cancel	any registration at its sole discretion, in which
made by cheque or cred confidential fax (416-650 University. Cancellation	it card (Visa or Masto) 2-8489) accepted wit policy is listed on clir	ercard) and must acco th credit card paymer nic's website (<u>www.y</u> ı	month prior to start of workshop. Payment must be ompany the registration form. Registration by it only. Cheques should be payable to York upc.org) under Continuing Education. York University iscretion, in which case a full refund will be provided.
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.

FACULTY OF HEALTH
PSYCHOLOGY CLINIC