York University Psychology Clinic

Registration Form – Please Print Clearly

EFT 2019 Fall Level One Institute (October 2-5, 2019; \$1445CDN)

Name:			
Organization:			
Professional Affiliation	n:		
Email:		Day Phone:	
Deposit - \$250.00 non	-refundable		
York University Psycho which case a full refun		-	el any registration at its sole discretion, in
by cheque or credit card confidential fax (416-650	(Visa or Mastercar)-8489) or email <u>yu</u>	d) and must accompa pc@yorku.ca accepte	ior to start of workshop. Payment must be made any the registration form. Registration by ad with credit card payment only. Cheques should ic's website (www.yupc.org) under Continuing
I wish to pay by:	Cheque	Visa	Mastercard
Total fee enclosed: \$		_	
Card Number:			
Expiry Date:			
Name on Card:			
Signature:			
Please be sure to prov	ide email address	s & phone number s	so we can contact you in case of last minute

do not receive this e-mail please contact the clinic to ensure that we have received your registration.