## **York University Psychology Clinic**

Registration Form – Please Print Clearly

EFT Summ				
Level One (July 29 – August 1, 2019; \$ 1,445.00 CDN)				
Level Two	(Aug. 6 - 9, 20)	019; \$ 1,845.00	CDN)	
Note: Must have c	completed Level	1 in order to part	ticipate in Level 2	
Name:				
Organization:				
Professional Affiliation	on:			
Email:	nil: Day Phone:			
Deposit - \$250.00 no	on-refundable			
York University Psych a full refund will be բ	• ,	es the right to canc	el any registration at its sole discretion, in which case	
or credit card (Visa or I 8489) or email <u>yupc@</u> y	Mastercard) and mus yorku.ca accepted wi	st accompany the regi th credit card paymer	or to start of workshop. Payment must be made by cheque istration form. Registration by confidential fax (416-650-nt only. Cheques should be payable to York University. nder Continuing Education.	
I wish to pay by:	Cheque	Visa	Mastercard	
Total fee enclosed: \$	S			
Card Number:				
Expiry Date:				
Name on Card:				
Signature:				
Please be sure to pro	ovide email address	s & phone number s	so we can contact you in case of last minute charges.	
			tion within 2 business days of its receipt NIVERSITÉ	

FACULTY OF HEALTH

PSYCHOLOGY CLINIC

your registration.