

York University Psychology Clinic

Registration Form – Please Print Clearly

Emotion Focused Skills Training (EFST) for Parents & Families

(February 12 -15, 2019; \$ 1295 CDN)

Name: _____

Professional Affiliation: _____

Organization: _____

Email: _____ Day Phone: _____

Deposit - \$250.00 non-refundable

Location : York University, Keele Campus

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 confidential fax (416-650-8489) accepted with credit card payment only. Cheques should be payable to York University. Cancellation policy is listed on clinic's website (www.yupc.org) under Continuing Education. *York University Psychology Clinic reserves the right to cancel any registration at its sole discretion, 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