York University Psychology Clinic

Registration Form - Please Print Clearly

Emotional Intelligence (EQ) Workshop

9 session - Workshop Group

IIME:	6:00 – 8:00 pm every Wednesday beginning February 27, 2019 (February 27, March 6, 13, 20, 27, April 3, 10, 17, 24)			
LOCATION:	Rm. 102A, Behavioural Sciences Building, York University			
GROUP LEADER	S: Dr. Alberta F	Pos and a co-facil	itator (post graduate or graduate student)	
Fee: \$300.00 for 9	essions			
Name:				
Address:				
Email:				
Telephone:				
credit card (Visa or Mast credit card payment only Rm 104 Behavioral Scie	tercard) and must acc r. Cheques should be nce Building, 4700 Ke	company the registration e payable to York Universeele Street, Toronto, ON	start of the group. Payment must be made by cheque or form. Registration by fax [416-650-8489] is accepted with sity and can be mailed to: York University Psychology Clinic, M3J 1P3 or dropped off at the clinic. Payment will be rethe group to be assured.	
I wish to pay by:	Cheque	Visa	Mastercard	
Total fee enclosed	: \$			
Card Number:				
Expiry Date:				
Name on Card:			_	
Signature:			_	
Please he sure to	nrovide email ad	ddress & nhone nu	mher so we can contact you in case of last	

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.

minute changes.

