## **York University Psychology Clinic**

Registration Form - Please Print Clearly

minute changes.

that we have received your registration.

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

## Emotional Intelligence (EQ) Foundations Level Workshop 2019

5 sessions

TIME:	6:00 – 8:00 pm every Wednesday beginning Nov. 13- Dec. 11, 2019				
LOCATION:	Rm. 102A, Behavi	oural Sciences Bu	ural Sciences Building, York University		
GROUP LEADERS: Natalie Ferreira, MA supervised by Dr. Alberta Pos					
Fee: \$200.00 fo	r 5 sessions				
Name:					
Student: Yes No If yes – student number:					
Address:					
Email:					
credit card (Visa or Macredit card payment o Rm 104 Behavioral So	<ul> <li>Please note: full registration for astercard) and must accomparinly. Cheques should be payable</li> </ul>	ny the registration form. Replet to York University and coreet, Toronto, ON M3J 1P3	the group. Payment must be made by cheque of egistration by fax [416-650-8489] is accepted we can be mailed to: York University Psychology CB or dropped off at the clinic. Payment will be up to be assured.	rith	
I wish to pay by:	Cash	Visa	Mastercard		
Total fee enclose	ed: \$				
Card Number: _					
Expiry Date:					
Name on Card:					
Signature:					
Please be sure t	o provide email addres	s & phone number s	so we can contact you in case of las	at 🚃	

FACULTY OF HEALTH PSYCHOLOGY CLINIC