## York University Psychology Clinic

Registration Form – Please Print Clearly

## EFT 2020 Spring Level Two Institute (April 1-4, 2020; \$1845 CDN)

Name:				
Organization:				
Professional Affiliatior	1:			
Email:		Day Phone:		
Deposit - \$250.00 non	-refundable			
York University Psycho which case a full refun	• ·	s the right to cance	el any registration at its s	ole discretion, in
by cheque or credit card confidential fax (416-650	(Visa or Mastercard) D-8489) or email <u>yupo</u>	) and must accompa <u>c@yorku.ca</u> accepte	ior to start of workshop. Pa ny the registration form. Re d with credit card payment ic's website ( <u>www.yupc.org</u>	egistration by only. Cheques should
I wish to pay by:	Cheque	Visa	Mastercard	
Total fee enclosed: \$				
Card Number:				
Expiry Date:				
Name on Card:				
Signature:				
Please be sure to prov changes.	ide email address &	& phone number s	o we can contact you in o	case of last minute
NOTE: You will receive a		on of your registrat	ion within 2 business days	of its racia to fRu K
please contact the clinic your registration.		ave received		U N I V E R S I T É U N I V E R S I T Y
your registration.				

4700 Keele Street, Rm 104 BSB, Toronto ON M3J 1P3 416-650-8488 FAX: 416-650-8489

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