## **York University Psychology Clinic**

**REGISTRATION FORM:** 

## **EFT Level One Institute for Graduate Students**

With Drs. Alberta Pos and Sarah Thompson

May 5 - 8, 2020

Fee \$895.00 (20% discount for YUPC students)

\$100 non-refundable deposit is required to secure registration; final payment will be due April 14, 2018

Name:			
Student: Yes	No		
School:		Student #:	
Email:		Day Phone:	
accompany the registr card payment only. Ch	ation form. Registrati neques should be paya 104 Behavior Science I	on by confidential fails able to York Universi Building, 4700 Keele	it card (Visa or Mastercard) and must ax (416-650-8489) accepted with credit ity and mailed to: York University Street, Toronto M3J 1P3. Cancellation ling Education.
I wish to pay by:	Cheque	Visa	Mastercard
Total fee enclosed: \$_			
Card Number:			
Expiry Date:			
Name on Card:			
Signature:			·
Please be sure to provide	e email address & phone	e number so we can co	ontact 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.

