## **York University Psychology Clinic**

Registration Form – Please Print Clearly

| EFT Summe   |  |   |   |  |
|---|--|---|---|--|
| Level One   |  |   |   |  |
| Level Two   | _ (August 11-14                            | 4, 2020; \$ 1,845.0                             | 00 CDN)   |  |
| Note: Must have c   | ompleted Level                             | 1 in order to part                              | ticipate in Level 2   |  |
| Name:   |  |   |   |  |
| Organization:   |  |   |   |  |
| Professional Affiliatio   | on:  |   |   |  |
| Email:  |  | Day Phone:                                      |   |  |
| Deposit - \$250.00 no   | n-refundable                               |   |   |  |
| York University Psychology Clinic reserves the right to cancel any registration at its sole discretion, in which case a full refund will be provided. |  |   |   |  |
| or credit card (Visa or N<br>8489) or email <u>yupc@y</u>   | Mastercard) and mus<br>orku.ca accepted wi | st accompany the regi<br>ith credit card paymer | ior to start of workshop. Payment must be made by cheque istration form. Registration by confidential fax (416-650-nt only. Cheques should be payable to York University. |  |
| I wish to pay by:   | Cheque                                     | Visa  | Mastercard  |  |
| Total fee enclosed: \$  |  | _   |   |  |
| Card Number:  |  |   |   |  |
| Expiry Date:  |  |   |   |  |
| Name on Card:   |  |   |   |  |
| Signature:  |  |   |   |  |
| Please be sure to pro   | vide email addres                          | s & phone number s                              | so we can contact you in case of last minute charges.   |  |
|   |  |   | tion within 2 business days of its receipt N I V E R S I T É<br>nsure that we have received   |  |

FACULTY OF HEALTH

PSYCHOLOGY CLINIC

your registration.