York University Psychology Clinic

REGISTRATION FORM:

EFT Level One Institute for Graduate Students

With Drs. Alberta Pos and Sandra Paivio

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 I | No | | | |
| School: | | Student | #: | |
| Email: | | Day Phon | Day Phone: | |
| accompany the registra card payment only. Ch | ation form. Registrati leques should be paya LO4 Behavior Science | on by confidential f able to York Univers Building, 4700 Keele | it card (Visa or Mastercard) and must fax (416-650-8489) accepted with credit sity and mailed to: York University e Street, Toronto M3J 1P3. Cancellation uing 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 c | contact 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.

