York University Psychology Clinic

Registration Form - Please Print Clearly

Managing Social Anxiety

10-session cognitive-behaviour group therapy program

| Time: Location: Fee: | cation: Room 102, Behavioural Sciences Building, York University | | | | | |
|---|--|--------------------|--|--|--|--|
| Name: | | | | | | |
| Address: | | | | | | |
| Email: | | | | | | |
| Telephone: | | | | | | |
| credit card (Visa credit card paym assured. Please I wish to pay | or Mastern only send a | ercard) and must a | accompany the registration for processed after the first grown yupc@yorku.ca Visa | start of the group. Payment must be made by cheque or form. Registration by fax [416-650-8489] is accepted with bup but must be provided for registration for the group to be Mastercard | | |
| | | | | | | |
| Card Numbe | r: | | | | | |
| Expiry Date: | | | | | | |
| Name on Ca | rd: | | | _ | | |
| Signature: | | | | _ | | |

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.

