## **York University Psychology Clinic**

Registration Form - Please Print Clearly

## **Empathy and Empathic Attunement EFT Training Institute**

With Dr. Jeanne Watson (June 23-25, 2020; \$ 950 CDN)

Name:

Professional Affiliati	on:			
Organization:				
Email:		Day Phone:		
Deposit - \$250.00	non-refundable			
Location : York Un	iversity, Keele Ca	ampus		
cheque or credit card fax (416-650-8489) a	(Visa or Mastercar ccepted with credit	<ul> <li>d) and must accompar card payment only (De</li> </ul>	by the registration form bit not accepted). Che	pp. Payment must be made by Registration by confidential eques should be payable to Continuing Education.
I wish to pay by:	Cheque	Visa	Mastercard	t
Total fee enclosed:	\$	-		
Card Number:				
Expiry Date:				
Name on Card:				
Signature:				
Please be sure to provious of last minute changes.	de email address & pl	none number so we can c	contact you in case	YORK

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.

