York University Psychology Clinic

Registration Form - Please Print Clearly

TIME:

Emotional Intelligence (EQ) Workshop

5 session - Workshop Group

6:00 - 8:00 pm every Wednesday beginning March 4, 2020

	(March 4, 11, 18, 25, April 1)				
LOCATION:	Rm. 102A, Behavio	Rm. 102A, Behavioural Sciences Building, York University			
GROUP LEADE	RS: Dr. Alberta Pos ar	nd a co-facilitator ((post graduate or graduate stude	ent)	
Fee: \$ 200.00 fc	or 5 sessions				
Name:					
Address:					
Email:					
Telephone:					
credit card (Visa or Ma credit card payment o	astercard) and must accompany nly. Cash can be dropped off at Street, Toronto, ON M3J 1P3. P	the registration form. Ret the clinic - York Universi	e group. Payment must be made by cheque of egistration by fax [416-650-8489] is accepted to the sychology Clinic, Rm 104 Behavioral Scienafter the first group but must be provided for	vith	
I wish to pay by:	Cash	Visa	Mastercard		
Total fee enclose	ed: \$				
Card Number: _					
Expiry Date:					
Name on Card:					
Signature:					
Please be sure t	o provide email address	& phone number s	so we can contact you in case of la	st	

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.

minute changes.

