York University Psychology Clinic

Registration Form - Please Print Clearly

Emotion-Focused Therapy for Complex Relational Trauma

With Dr. Sandra Paivio (September 23-26, 2020; \$ 1295 CDN)

Name:			
Professional Affiliat	al Affiliation: on: Day Phone:		
Organization:			
Email:		Day Phone	ə:
Deposit - \$250.00	non-refundable		
Location : York Ur	niversity, Keele Ca	ampus	
cheque or credit card fax (416-650-8489) a	I (Visa or Mastercar	d) and must accompar card payment only. C	prior to start of workshop. Payment must be made by my the registration form. Registration by confidential heques should be payable to York University. under Continuing Education.
I wish to pay by:	Cheque	Visa	Mastercard
Total fee enclosed:	\$	_	
Card Number:			
Expiry Date:			
Name on Card:			
Signature:			
Please be sure to p	orovide email addı	ress & phone numbe	r so we can contact you in case of last minute

Please be sure to provide email address & phone number so we can 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.

