

REGISTRATION FORM

Name: \_\_\_\_\_ Title &  
Credentials: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

I want to register for:

- |  |     |                        |
|--|-----|------------------------|
| <input type="checkbox"/> Track A – Chantilly, VA                                 |     |                        |
| Pay in Full  |     | \$2,500.00             |
| Payment Plan   | add | \$25.00                |
| <input type="checkbox"/> Track A – Richmond, VA                                  |     |                        |
| Pay in Full  |     | \$2,500.00             |
| Payment Plan   | add | \$25.00                |
| <input type="checkbox"/> Track B – (enter class name, date & location)           |     | \$110.00/per day       |
| 1.   |     |                        |
| 2.   |     |                        |
| 3.   |     |                        |
| 4.   |     |                        |
| 5.   |     |                        |
| <input type="checkbox"/> Entire Sandtray Therapy Series – Silver Spring, MD      |     | \$875.00               |
| <input type="checkbox"/> Sandtray Therapy – (enter class name & date)            |     | \$150.00/per day       |
|  | add | \$25.00 (payment plan) |
| 1.   |     |                        |
| 2.   |     |                        |
| 3.   |     |                        |
| 4.   |     |                        |
| 5.   |     |                        |
| <input type="checkbox"/> Entire Intensive Skills Summer Institute – Northern, VA |     | \$750.00               |

Method of Payment: Please send payment to 3555 Ponds Wood Dr., Chesapeake Beach, MD 20732 or Fax to 410-286-1448

Voucher Enclosed

Tel. #: 410-286-1435

Check \$ \_\_\_\_\_

Credit Card (Circle One):      VISA    MasterCard    Discover    American Express

Credit Card # \_\_\_\_\_ Exp.

\_\_\_\_\_

Signature:

\_\_\_\_\_