

# REGISTRATION FORM

Name \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

License (s) and License No. (s) \_\_\_\_\_ Would you like to be on our e-mail list?  Yes  No  
*(required for registration confirmation)*

## EVENT SELECTION Please indicate which event(s) you wish to attend. You may register for more than one at a time.

EVENT NAME	REGULAR PRICE	STUDENT PRICE	GROUP DISCOUNT
Complex Trauma	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$60.00
The Risks and Dangers of Therapeutic Relationships	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$22.50	<input type="checkbox"/> \$30.00
Becoming Ethical	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$60.00
PAYMENT	<b>Subtotal</b>		
<input type="checkbox"/> Check or money order enclosed (payable to Salesmanship Club Youth and Family Centers)	<b>Late Fees</b> Add \$10 for fees paid within 36 hours of event date <b>Total Fee(s) Enclosed</b>		



Mastercard       VISA       American Express

Card Number \_\_\_\_\_ Card Validation Code *(3-digit code at the end of credit card number on back of card)* \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

## GROUP INFORMATION Each group must designate one contact for confirmation purposes.

Group Contact Name Phone E-mail