

Registration Form

Challenges in Cognitive Behavioural Therapy September 16 & 17, 2019

NOTE: You must fill out and send in this form to register. Please type or print clearly in black ink.

Name: _____	Occupation: _____
Address: _____ _____	
E-Mail: _____	Phone: _____

Lunch choice: (circle one) Regular Vegetarian

Food Allergies: _____

Registration Fee (circle one)

<u>Rate</u>	<u>by Aug 30/19</u>	<u>after Aug 30/19</u>
Regular	\$360 + HST* = \$406.80	\$410 + HST = \$463.30
Group* *	\$320 + HST = \$361.60	\$370 + HST = \$418.10
Medical Resident	\$290 + HST = \$327.70	\$340 + HST = \$384.20
Full-time Student	\$260 + HST = \$293.80	\$310 + HST = \$350.30

** Group rate applies to 5 or more registering together at regular rate. If registering at group rate please list group members:

GROUP MEMBERS: _____

HOW TO REGISTER

To register for the course, please fill in this registration form and mail it to the address below. Alternatively you can scan and email this form to ***workshops@micheladavid.com***; we will then hold a spot for 10 days until payment is received.

PAYMENT OPTIONS (check one)

Cheque (payable to ***Michela David*** and mail with registration form to the address below)

E-Transfer to ***workshops@micheladavid.com*** or 613-484-5203

Other (e.g. departmental or employer invoicing, by prior arrangement only).

Details: _____

Mailing address:
Michela David CBT Courses
PO Box 26027,
GARDINERS
KINGSTON ON K7M 8W4

*HST no 72189 1315 RT0001

Questions? *workshops@micheladavid.com* or 613-484-5203

Confirmation: Confirmation of registration will be sent to you by email

Receipts: Receipts will be available at the course

Cancellation: See course brochure for cancellation policy

Certificates: All will receive a certificate of course completion