

Clinical Practice Enrichment Series Registration Form

Please Print

Date _____

Dr./Mr./Ms. _____
(Please circle) Name Degree

Address

City/State/Zip

Telephone/Fax

E-mail

Previously attended CPES offerings: Yes
 No

Handicapped Provisions Required (describe)

Do you want a parking permit? Yes
 No

REGISTRATION INFORMATION

Registration Fees	Early*	Regular
Trauma	\$75	\$85
Ethics	\$75	\$85
Both Workshops	\$150	\$170
Group Registration (1 workshop)**	\$70	\$80
Group Registration (Both) **	\$140	\$160

* (postmarked by August 23, 2011)

** (3 or more registering together)

Online Registration: Visit: <http://www.clinicalenrichment.com>

Credit Card Payment: Visit <http://www.clinicalenrichment.com>

On Site Registration: Cash, Exact Change, Check. No Credit Cards Accepted.

REGISTRATION DEADLINE: September 16, 2011

Late registrations will be accepted space permitting. Request for registration fee refunds must be received in writing no later than the registration deadline. No refunds will be entertained thereafter. A \$10 per workshop administration fee will be deducted from any refund.

I am registering for the following workshop(s):

Workshop(s):	# of People	Price/Person	Total
Treating Life's Traumas September 23, 2011, 9 a.m.-12 p.m.			
Secrets, Collusions, and Conflict: Ethical Issues in Multi-Person Treatment September 23, 2011, 1 p.m.- 4 p.m.			
Both Workshops September 23, 2011			
Total Enclosed			

If this is a group registration, please list the names and addresses of all group members:

Name	Street Address	City/State/Zip

Please return this form with registration fee payable to:

Ellen L. Wright, Ph.D.
2120 Spruce Street
Philadelphia, PA 19103-2555