York University Psychology Clinic

Registration Form – Please Print Clearly

Emotion Focused Family Therapy Training

With Dr. Amanda Stillar

(July 23-25, 2024; \$ 900 CDN)

Deposit - \$250.00 non-refundable

The deposit will be processed to reserve a seat. We will reach out 2 months prior to the start date for the remaining fees.

Location: Videoconference format

Name:		
Professional Affiliation:		
Organization:		-
Email:	_ Day Phone:	

York University Psychology Clinic reserves the right to cancel any registration at its sole discretion, in which case a full refund will be provided.

Method of Payment Please made by credit card (Visa or M registrations to <u>yupc@yorku.ca</u> Continuing Education	lastercard) and n	nust accompany the registrati	on form. Please email	
I wish to pay by:	Visa	Mastercard	Mastercard	
Total fee enclosed: \$				
Card Number: We will send you a confirmati	on and ask for th	(Pleas ne remaining numbers in a sep	se fill in only 8 digits) parate email.	
Expiry Date:				
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Please be sure to provide ema of last minute changes.	ail address & pho	one number so we can contac	t you in case	
NOTE: You will receive an e-mai days of its receipt. If you do not r that we have received your regist	receive this e-mail,			

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