## 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.

<u>Method of Payment</u> Please note: full registration fee is due prior to start of workshop. Payment must be made by credit card (Visa or Mastercard) and must accompany the registration form. Please email registrations to <u>yupc@yorku.ca</u> Cancellation policy is listed on clinic's website ( <u>www.yupc.org</u> ) under Continuing Education			
I wish to pay by:	Visa	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:			
Name on Card:			
Signature:			
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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