

Therapy Training Boston Event Registration Form www.therapytrainingboston.com

If you have registered online and are mailing payment, simply fill out your name and indicate at the bottom of the form what event(s) you registered for online.

To fully register by mail, please fill out the whole form.

Course/Workshop/Movie + Discussion Night Registration Form

Name: _____

Licensure, if applicable: _____

Agency, if applicable: _____

Home Address _____

Work Address: _____

Home Email address: _____

Work Email address: _____

Home Phone: _____

Cell Phone: _____

Group registration: Please note you may register as a group on line simply mail payments. If that is the case, list your name and members of your group on the line below. For group registrants who are not already registered online, complete above information for each person and mail registrations and payment in the same envelope.

Please list events for which you are registering:

Course, Workshop or Movie Night Film	Quantity	Amount
	<p>Mail checks <i>made out to Liz Brenner</i> with completed form(s) to: 203 Arlington St, Suite 4, Watertown, MA 02472</p> <p style="text-align: right;">Total Amount:</p>	

Movie Nights: \$55 for 3 CEU's for each event

Day Long Workshops, Special Events and Other Courses: Submit payment as listed on the web site.