

Continuing Education Registration Form

Name _____ Degree _____

Mailing Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Box lunches can be purchased for \$10 for each course.

Course	Date	Cost	Select	Box Lunch
Ethical and Legal Issues in Couple & Family Therapy	September 8, 2014	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Brain-Based Therapy	November 18, 2014	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Medical Family Therapy	December 5, 2014	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Intimate Family Violence	March 2, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Trauma	March 3, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
The Gender Spectrum and Family Therapy	March 4, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Substance Abuse	March 6, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Families in Transition—Part I	May 26, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Sex Addiction and Compulsivity	May 27, 2015	\$160	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Spirituality	May 29, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Families in Transition—Part II	June 2, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10
Healing from an Affair	June 8, 2015	\$135	<input type="checkbox"/>	<input type="checkbox"/> + \$10

Total Courses: _____

Total Cost: \$ _____

How To Register

By Mail: Attn: **Continuing Education Coordinator**
Council for Relationships
4025 Chestnut Street, 1st Floor
Philadelphia, PA 19104

By Fax: Fax #: 215-386-1743
Please make cover letter to the attention of the **Continuing Education Coordinator**

By Phone: 215-382-6680

Payment Options

Check or Money Order: Please make payable to **Council for Relationships**

Credit Card: Complete the form below and send in with registration

Refund Policy

All workshops are 100% refundable up to two weeks before the date of the course.

Payment Information

Method of Payment

Cash Amount: _____ Check # _____ Check Date: _____

Please Check: MasterCard VISA American Express Total on card: \$ _____

Cardholder Name: _____

Credit Card #: _____

CSC (3 digit security code): _____ Exp. Date: _____ Today's Date: _____

Signature: _____

Date Registered: _____ CE's Received: _____

How did you hear about us?

I'd like to receive information from the Council about other programs, courses, and activities.