

Psychology Clinic Continuing Education Opportunities, Fall 2009

Registration Form

Call 404-413-6229 with registration questions. Please print.

Please enroll me in the following workshops:

HALF DAY WORKSHOPS

_____	Friday, October 2, 2009 9 am - 12 pm COST: \$60.00. After 9/22/09 fee is \$75.00.	Understanding Cross Cultural Opportunities in Supervision: Focus on Culturally Determined Defense Structures (3 hours of Diversity CE credits)
_____	Friday, October 2, 2009 1:00 pm - 4:00 pm COST: \$60.00. After 9/22/09 fee is \$75.00.	Acceptance and Commitment Therapy (ACT): Integrating Innovative Techniques into Clinical Practice (3 hours of CE credits)

FULL DAY WORKSHOP

_____	Friday, October 30, 2009 9 am - 4 pm COST: \$120.00. After 10/20/09 fee is \$150.00.	Up and Down the Worry Hill™: User-Friendly Cognitive Behavioral Therapy for OCD and Anxiety in Children and Adolescents (6 hours of CE credits; no partial CE credit available, attendance of the entire workshop is required for CE credit)
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Please check appropriate box.

Psychologist LMFT LPC Social Worker Trainee Other: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone #: _____ FAX #: _____

Email address: _____

Method of Payment: Check MasterCard Visa

Credit Card#: _____

Expiration Date: _____ (mm/yy)

Total Amount: \$ _____

Signature: _____

(required for those paying by credit card)

Make check payable to GSU. Mail this form and payment to:

**GSU Psychology Clinic
POB 5010
Atlanta, GA 30302-
5010**

OR

or **Fax** completed form with credit card information to
404-413-6589 .
Call to confirm transmission of fax. 404-413-6229.