

Four Day Externship in Emotionally Focused Couples Therapy With Sue Johnson

Day & Time: June 28, 29, 30, July 1, 2010 9 am to 5 pm

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Fax Number: _____ E-Mail: _____

Professional Discipline: _____

Please call the Training Office at (212) 879-4900, extension 111 to confirm availability before sending in your application.

TO REGISTER: Mail completed registration form with full payment of \$995 (includes \$25 materials fee and a networking luncheon on July 1st) to:

Ackerman Institute for the Family
149 East 78th Street
New York, NY 10021
Attn: Training Department

Or fax the completed registration form and credit card information to: 212-744-0206.

Registrations will be confirmed by e-mail. You will be considered registered only if the full tuition accompanies your registration. Full refunds for tuition deposits and balances are made only if a class is cancelled. If a student withdraws at least 3 weeks before the first class date an administrative fee of \$300 will be deducted from the tuition refund.

For Credit Card Payments:

VISA MC AMEX

Card Number: _____

Expiration Date: _____

Signature: _____