

Parent Psychotherapy Intensive Training

REGISTRATION FORM

Dates: July 29 - 31, 2019

Time: 9:00 AM - 4:00 PM

Location: Squirrel Haus Arts, 3450 Snelling Avenue, Minneapolis, MN 55406

Name _____

Address _____

Phone number _____ Email _____

Profession _____

Continuing Education Credits desired? ___Yes ___No Board (if applicable) _____

Payment for 3 days (\$445 early registration, \$475 after July 8,2019): \$ _____

If paying for more than one person, please list their names and contact information below:

Total registration fee: \$ _____

Your receipt will be emailed to you. If you do not receive an acknowledgement of your registration, please contact me to let me know.

I look forward to seeing you in July!

Carol Siegel

cfsiegel@gmail.com

(612) 805-8148