



Registration Form

Professional Development Days

www.couplefamilytherapystudies.ca

Name: _____

Street: _____

Address to receive information Home Business

City: _____ Province: _____ Postal Code: _____

Employer: _____ Position: _____

Business telephone () _____ Fax () _____

Home telephone () _____ Email: _____

Please register me in:

- Group Dynamics in Group Therapy, Sat. & Sun. February. 27, 28, 2010 (2 days)
- Mediation and Elderly Counselling Sat. March 27, 2010 (1 day)
- Counselling LGBTTTQ Clients Sat. April 24, 2010 (1 day)

Alumni Discount (Discount will be applied once status is confirmed) Alumni Code: _____

Course Fees:

Registration Fee	2 day workshop at \$360 + \$18 (GST)	\$ _____
Registration Fee	1 day workshop at \$220 + \$11(GST)	\$ _____
Alumni Discount		\$ _____
OOL Bursary Donation		\$ _____
Total		\$ _____

Payment:

Payment must accompany the registration form. **Post-dated cheques are not accepted.** Registration by mail or fax accepted with credit card payment only.

- Cheque/money order (payable to the University of Guelph)
- AMEX Visa MasterCard

Card#: _____ Expiry Date: _____

Cardholder's name (please print): _____

Authorizing signature: _____

A refund less \$25 admin fee will be returned if submitted Drop form is received one (1) week prior to the start of the workshop.

Please send this completed registration form to:

Office of Open Learning, 160 Johnston Hall University of Guelph, Guelph, ON N1G 2W1
Phone: (519) 767-5000 Fax: (519) 767-1114 Inquires: info@open.uoguelph.ca