

York University Psychology Clinic

Registration Form – Please Print Clearly

EFT Institutes 2017: Level Three _____ (October 26-October 28, 2017; \$1295CDN)

Name: _____

Organization: _____

Professional Affiliation: _____

Email: _____ Day Phone: _____

Deposit - \$250.00 non-refundable

Method of Payment Please note: full registration fee is due prior to start of workshop. Payment must be made by cheque or credit card (Visa or Mastercard) and must accompany the registration form. Registration by confidential **fax (416-650-8489)** or email yupc@yorku.ca accepted with credit card payment only. Cheques should be payable to York University. Cancellation policy is listed on clinic's website (www.yupc.org) under Continuing Education.

I wish to pay by: Cheque ____ Visa ____ Mastercard ____

Total fee enclosed: \$ _____

Card Number: _____

Expiry Date: _____

Name on Card: _____

Signature: _____

Please be sure to provide email address & phone number so we can contact you in case of last minute changes.

NOTE: You will receive an e-mail confirmation of your registration within 2 business days of its receipt. If you do not receive this e-mail please contact the clinic to ensure that we have received your registration.

