

# York University Psychology Clinic

Registration Form – Please Print Clearly

## Emotion-Focused Therapy for Eating Disorders

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

Student: Yes/No School: \_\_\_\_\_ Student #: \_\_\_\_\_

Email: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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) accepted with credit card payment only. Cheques should be payable to York University. Cancellation policy is listed on clinic's website ([www.yupc.org](http://www.yupc.org)) under Continuing Education.

I wish to pay by:      Cheque       Visa       Mastercard

Total fee enclosed: \$ \_\_\_\_\_

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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.**