

York University Psychology Clinic

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In-Person Format: York University - Keele Campus (\$ 1890 CDN)

Please note that the \$250.00 non-refundable deposit will be processed to reserve a seat in the training.

Name: _____

Professional Affiliation: _____

Organization: _____

Email: _____ Day Phone: _____

York University Psychology Clinic reserves the right to cancel any registration at its sole discretion, in which case a full refund will be provided.

Method of Payment Please note: full registration fee is due prior to start of workshop. Payment must be made by credit card (Visa or Mastercard) and must accompany the registration form. Please email registrations to yupc@yorku.ca Cancellation policy is listed on clinic's website (yorku.ca/health/yupc) under Continuing Education

I wish to pay by: Visa Mastercard

Total fee enclosed: \$ _____

Card Number: _____ (Please fill in only 8 digits)
We will send you a confirmation and ask for the remaining numbers in a separate email.

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.

