

Register online at www.playtherapyworks.com

2012 REGISTRATION FORM

1) Choose the week(s) that you want to attend.

2) Circle corresponding fee. Enter fees in last column.

Check: Make check to **PlayTherapyWorks**. Mail to: **217 West Brentwood Blvd., Lafayette, LA 70506**

Credit Card: complete billing information and mail to above address or fax to **337-993-7929**

DATE	SEMINAR Presenter	EARLY	REGULAR	LATE	Your Fee
July 23 - July 27, 2012	The Worry Wars Paris Goodyear Brown 15 CE hours	\$395 Jan 7 - Feb 29	\$435 March 1st -May 1st	\$455 after May 1st	
July 30 - August 3, 2012	The Use of Therapeutic Art Eliana Gil 15 CE hours	\$395 Jan 7 - Feb 29	\$435 March 1st -May 1st	\$455 after May 1st	
<p>NEW! Our online registration partner, RegOnline, now offers Registration Protection Plus. For only \$20, you get full registration reimbursement should you have to cancel due to unforeseen events. Available for online registrations only. See our website for details.</p> <p>If you do not enroll in Registration Protection Plus, cancellations prior to May 1st will entail a \$50 fee. No cancellations will be given after May 1st due to commitments made for your participation. However, registration fee may be transferred to another person or another seminar without penalty.</p>		SUBTOTAL			
		CE certification: Add \$25			
		TOTAL			

Name:			
Address			
Email:			
Degree/ Certification:		Phone (work)	
Employer:		Phone (cell or home)	
Emergency contact (name and phone #)			

BILLING INFORMATION

Credit Card type: Visa ____ Mastercard ____	Credit card #: _____ - _____ - _____ - _____
Expiration date: ____ / ____	Verification #: (3-digit code on back of card): ____ ____ ____
Amount to charge to my credit card: _____	Signature: Billing address if different from above:



APT PROVIDER # 00-098

Questions? 337-993-7927

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