**Please Note: Laptop Computers will not be permitted in any workshop**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Today’s Date</th>
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Mailing address

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Home telephone  Alternative Telephone    E-mail address

**Affiliation (Check One)**

**A Rate:**
- Licensed Professional:
  - [ ] MFT
  - [ ] Psy. License #________________
  - [ ] Other (non-student)

**B Rate:**
- [ ] Phillips MA Student
- [ ] Phillips PsyD Student
- [ ] Phillips Alumni Association Member
- [ ] Counseling Center Intern
- [ ] Other Student

**Graduating:** [ ] Yes [ ] No    Graduating Year____________

Check all that apply:
- [ ] I will need a CEU Certificate
- [ ] I will need this posted on my transcript

**Have you attended a CE workshop with us before?** [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Course Number/Course Title:</th>
<th>Date:</th>
<th>A Rate:</th>
<th>B Rate:</th>
<th>Late Reg*</th>
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<tbody>
<tr>
<td>Psy650A Post Modern Therapy Approaches (3 units)</td>
<td>May 4 – Aug. 10, 2015</td>
<td>$695___</td>
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<tr>
<td>Psy603 Counseling the Chemically Dependent and Their Families</td>
<td>May 4 – Aug. 10, 2015</td>
<td>$695___</td>
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<tr>
<td>Psy555T Mindfulness &amp; Psychotherapy</td>
<td>May 6 – Aug. 12, 2015</td>
<td>$695___</td>
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*A $25 late registration fee will be charged after the Late Registration Date

**Total Payment________________**

**Payment Method (Check One)**
- [ ] Check enclosed – Check # __________________________ Check Amount________________________
- [ ] Please bill my credit card in the amount of $__________

Card Number: __________________________ Card Identification # ___________ (CVV2)
Card Identification number is the 3 digit number on back of the card. For American Express, the 4 digit number is on front of the card.

Expiration Date: __________________________ Signature: __________________________

**Cancellation and Refund Policy** To cancel you must notify Ali West, the Coordinator of Continuing Education and Extension, in writing at least 10 working days prior to the scheduled start date of all courses and you will receive a refund, **(less a $35 dollar cancellation fee)**. Enrollees who fail to provide 10 working days notice will be assessed the full amount of the course fee. There are no partial refunds for enrollees who do not complete a portion of any course offering. All information contained herein, including but not limited to course offerings, course descriptions, meeting times, dates, and instructors are subject to change or cancellation without notice or obligation. For updated course information visit our website at www.pgi.edu

**For Accounting Use Only**

Amount Paid: $__________
Received On: _____________

Paid By: [ ] Ck#__________
[ ] Credit Card