

Clinical Practice Enrichment Series Registration Form

Please Print

Date _____

Dr./Mr./Ms. _____
(Please circle) Name Degree

Address _____

City/State/Zip _____

Telephone/Fax _____

_____ Previously attended CPES offerings: Yes
E-mail No

_____ Handicapped Provisions Required (describe)

Do you want to receive future Clinical Practice Enrichment Series e-mails/mailings ?
 Yes
 No

REGISTRATION INFORMATION

Registration Fees	Early*	Regular
Love, Work, and Play	\$85	\$95
Ethics	\$85	\$95
Both Workshops	\$170	\$190

* (postmarked by October 10, 2017)

Online Registration: Visit: <http://www.clinicalenrichment.net>

Credit Card Payment: Visit <http://www.clinicalenrichment.net>

On Site Registration: Cash, Exact Change, Check. No Credit Cards Accepted.

MAIL-IN REGISTRATION DEADLINE: November 3, 2017

Late registrations will be accepted space permitting. Request for registration fee refunds must be received in writing no later than the registration deadline. No refunds will be entertained thereafter. A \$10 per workshop administration fee will be deducted from any refund.

I am registering for the following workshop(s):

Workshop(s):	# of People	Price/Person	Total
Love, Work, and Play: Redefining Mental Health Friday, November 10, 2017 9 a.m. - 12 p.m.			
Advanced Hot Topics in Ethics Friday, November 10, 2017 1:30 p.m. – 4:30 p.m.			
Both Workshops Friday, November 10, 2017			
Total Enclosed			

If this is a group registration, please list the names, e-mails, and addresses of all group members:

Name	E-Mail	Street Address	City/State/Zip

Please return this form with registration fee payable to:

Ellen L. Wright, Ph.D.
2120 Spruce Street, Suite 1
Philadelphia, PA 19103-2555