

REGISTRATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone No: _____ Fax No/Email _____

Please indicate which course/activity you are registering for:

Beginning & Ending Cognitive Behaviour (6.0 hours) \$ _____

(Friday May 11, 2012 – Edmonton AB)

PAA Member \$ 180.00
PAA Student /Provisional/Psych. Assistant Member \$ 120.00
Non-Member \$ 245.00

Family Restructuring Therapy (6.0 hours) \$ _____

(Friday June 1, 2012 - Calgary AB)

PAA Member \$ 205.00
PAA Student /Provisional/Psych. Assistant Member \$ 145.00
Non-Member \$ 270.00

Subtotal \$ _____

GST (5% on subtotal) \$ _____

Total enclosed (cheque or credit card) \$ _____

Visa / MasterCard/American Express

Number _____

Exp. Date _____ Name of Card Holder: _____

Signature: _____

****Please note that registration includes Lunch**

For further information, please contact the PAA office:

Phone: (780) 424-0294 (Edmonton)
1-888-424-0297 toll free (anywhere in Alberta)
Calgary direct line: (403) 246-8255

Fax: (780) 423-4048 (Edmonton);
Toll free fax 1-888-423-4048

Confirmation will be mailed to you.

Registration can be sent by mail, fax or email to:
Psychologists' Association of Alberta
Unit 103, 1027 91 St SW Edmonton AB T6X 1E9
Email: joanna@psychologistsassociation.ab.ca