

CEU Professional Training Registration Form

Titles: Psychodrama/Sexual Assault Trauma Expressive Therapies for Grief and Loss

Date: Wednesday, May 21, 2008 9:00am-Noon June 26, 2008 9:00am-Noon

Fax Registration Forms to: 210 521-7278

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **FAX:** _____

E-Mail: _____

Employer: _____

Method of Payment and Payment Amount

Make Checks Payable To: The Rape Crisis Center

Mail Registration To: The Rape Crisis Center

7500 West U S Highway 90 #201

San Antonio, Texas 78227

Please Circle: VISA American Express MasterCard Discover Check Cash

Card Number: _____ **Expiration Date:** _____

Card Verification Number: _____ (located on the back of the card – 3 digit #)

Name As It Appears On Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Indicate Amount Due:

- February Presentation \$35.00
- March Presentation \$35.00
- February and March Presentation \$65.00

Workshop includes materials and breakfast