

2008 Advanced Training Registration Form

A. Level I Advanced Training
August 4-6, 2008
Tuition: \$895

B. Level II Advanced Training
July 9-11, 2008
Tuition: \$895

Enrollment is limited! Registration is complete when registration form and payment are received. If a group is attending, please complete a registration form for each member of the group. Please note that registration for the Level II Advanced Training is limited to those have attended an advanced training previously.

TITLE: Mr. Ms. Dr.

Name (please print legibly) Degree

Workplace

Mailing address

City State Zip Code

Telephone Fax

Email Address

OCCUPATION: Psychologist Social Worker Educator
 Therapist School Psychologist
 Other _____

Please enclose a check with this registration form made payable to Center for Collaborative Problem Solving

A check in the amount of \$_____ is enclosed for _____ person(s)

Please send payment and registration form to:

Center for Collaborative Problem Solving
313 Washington Street, Suite 402 • Newton Corner, Massachusetts 02458
Phone: 617-965-3000 • Fax: 617-965-3080