

COTTAGEe WORKSHOP REGISTRATION FORM 2010-2011

<b>Last Name:</b>	<b>First Name:</b>
<b>Work Agency:</b>	<b>Title:</b>
<b>Degree and License # (if applicable):</b>	

**\*If unlicensed, name of licensed supervisor:** \_\_\_\_\_

<b>Work Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Work Phone:</b>	<b>Ext:</b>		
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email Address:</b>			

**Please check the workshop(s) you would like to attend:**

<input type="checkbox"/> <b>#1 NOVEMBER 4-5, 2010</b> HRT FOR TRICHOTILLOMANIA AND TIC DISORDERS	<input type="checkbox"/> <b>#3 APRIL 11-12, 2011</b> MASTER'S LEVEL CLINICIAN WORKSHOP: CBT OF PEDIATRIC ANXIETY DISORDERS
<input type="checkbox"/> <b>#2 FEBRUARY 11, 2011</b> ASSESSMENT AND REFERRAL FOR PEDIATRIC ANXIETY DISORDERS, OCD, TRICHOTILLOMANIA AND TIC DISORDERS	<input type="checkbox"/> <b>#4 JUNE 6-7, 2011</b> MASTER'S LEVEL CLINICIAN WORKSHOP: CBT OF PEDIATRIC OCD

<b>Workshop Cost:</b> <b>Two-Day Workshops (1, 3, 4): \$500 (14 contact hours)/\$450 for PBTA or NJASP members/\$100 for students.</b> <b>One-Day Workshop (2): \$250/day (\$225/day for PBTA and NJASP members; \$50/day for students).</b> A separate check for \$25 must be given to PBTA associate at time of workshop to receive CE Credits <i>Please call to inquire about attending one day of a two-day workshop (\$250/day or \$225 for members or \$50 for students)</i>
<b>Form of Payment:</b> <input type="checkbox"/> <b>Call Aubrey Edson or Kristin Benavides (215-746-3327) with a VISA/Mastercard payment OR:</b> <input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>Money Order</b> Please make check or money order payable to "CPUP" and mail to: University of Pennsylvania COTTAGE ATTN: Dr. Khanna 3535 Market Street, Suite 600 Philadelphia, PA 19104