**Intensive Four-Day Workshop in**

**Exposure and Response Prevention (ERP) for**

**Obsessive-Compulsive Disorder (OCD)**

***July 16-19, 2018***

**Registration Form**

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| --- | --- |
| **Last Name:**        | **First Name:**      |
| **Work Agency:**       | **Profession:**      |

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| --- | --- | --- | --- |
| **Work Address:**      | **City:**      | **State:**      | **Zip:**      |
| **Work Phone:**       | **Ext:**       |  |  |
| **Home Address:**      | **City:**      | **State:**      | **Zip:**      |
| **Email Address:**      |  |  |  |

**Briefly describe prior treatment experience:**

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| **Fee: - $1,500****Form of Payment**  |
| **[ ]  Check** |
|  **Please make check or money order payable to “CPUP” and mail to:** Center for Treatment & Study of Anxiety, ATTN.: Cheryl Samuels, 3535 Market Street, 6th Floor, Philadelphia, PA 19104 |
| **[ ]  Credit Card (VISA, MC, Discover) – no AMEX is accepted**  **Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_ Sec. #: \_\_\_\_**  |

*Please note: There is limited space available, so please reserve your space early.*