

**Intensive Four-Day Workshop in
Exposure and Response Prevention (ERP) for
Obsessive-Compulsive Disorder (OCD)**

September 13-16, 2010

Registration Form

Last Name:	First Name:
Work Agency:	Profession:
License #:	

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

Work Address:	City:	State:	Zip:
Work Phone:	Ext:		
Home Address:	City:	State:	Zip:
Email Address:			

Briefly describe prior treatment experience:

Form of Payment - \$1,000 due by August 31, 2010

- Check**
 Money Order

**Please make check or money order payable to CPUP and mail to:
Center for Treatment and Study of Anxiety
ATTN.: Dr. Yadin
3535 Market Street, 6th Floor
Philadelphia, PA 19104**

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