

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

*September 8-11, 2008*

**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 29, 2008

(Sorry, credit cards are not accepted)

- 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, 6<sup>th</sup> Floor  
Philadelphia, PA 19104**

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