

# Registration Form UCI Workshops

Powerful Change Events in EFT with Dr. Susan Johnson: March 14, 2007  
Transform Tough Couples Through Schema Therapy with Dr. Jeffrey Young, March 30 & 31, 2007

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_  
Last Name: \_\_\_\_\_  
License Number: \_\_\_\_\_ Degree: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt./Ste. #: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*Please note: whenever possible, communication with registrants will be via e-mail.*

## Registration and Fees

*I would like to attend the following:*

### **Jeffrey Young: Schema Therapy for Couples**

(breakfast & lunch included on Friday)

- Early Enrollment : **\$295**  
(Must be postmarked no later than **March 1, 2007**)
- Regular Enrollment : **\$315**

### **Susan Johnson: Afternoon of EFT**

- Early Enrollment : **\$95**  
(Must be postmarked no later than **March 1, 2007**)
- Regular Enrollment : **\$110**

I would like to pay by:

**Check**

*Please make checks payable to the **Regents of the University of California.***

### **Credit Card**

MC  VISA

Card number: \_\_\_\_\_

Expiration date: M \_\_\_\_\_ YR \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### **Mail or Fax to:**

The Foundation for the Contemporary Family  
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