

WORKSHOP REGISTRATION FORM - FALL 2009
Space is Limited

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (day): _____ Telephone (evening): _____

Fax (day): _____ Email Address: _____

Agency: _____ Position: _____

Degree: _____

PAYMENT INFORMATION

Please make checks payable to the **Ackerman Institute for the Family**, 149 East 78th Street, New York, NY 10075. Attn: Workshop Registration. Mail completed registration form with full payment or fax completed registration form and credit card information to: 212-744-0206. To register by phone please call the Training Department at 212-879-4900, ext 111.

Registrations will be confirmed by email. You will be considered registered only if the full payment accompanies your registration. For a refund minus an administrative fee of \$35.00, cancellation must occur at least three weeks prior to start date. A full credit can be applied to a future workshop.

Please charge my: American Express MasterCard Visa

Card Number: _____ Expiration Date: _____

Name on Card: _____

WORKSHOPS (please check your choices)

Sexual Function and Dysfunction
(October 23rd)

Rituals for Loss, Healing, and Celebration
(December 4th)

Engaging Children and Their Parents in Family
Play Therapy: The Lovely Work of Play
(October 30th)

Breathwork and Meditation for Therapists:
Integrate Stress reduction Techniques into Your
Practice
(December 5th)

Family Therapy with Adolescents
(November 20th)

Secure Love and the Transition to Adulthood: The
Developmental Legacy of Complex Trauma for
Adolescents, Emerging Adults and Their Families
(December 11th)

The Practice of Interpersonal Forgiveness
(November 21st)