



**Please circle your area(s) of specialty/interest:**

Adolescents	Affective Disorder	Alcohol/Drug Abuse	Children
Chronic Illness	Couples	Depression	Divorce
Eating Disorders	EMDR	Families	Gay/Lesbian Issues
Immigrant Families	Parenting Issues	Post-Trauma Stress	Sexual Abuse
Sex Therapy	Support Groups	Trauma	Violence/Phys Abuse

Languages in which you are fluent: \_\_\_\_\_

Fee Range \_\_\_\_\_ to \_\_\_\_\_ YES NO I accept insurance.

Type of insurance accepted (list all): \_\_\_\_\_

Modalities: \_\_\_\_\_ Couples \_\_\_\_\_ Families \_\_\_\_\_ Individuals \_\_\_\_\_ Group

**ACKERMAN INSTITUTE ALUMNI DUES: \$60**

Option 1: **Pay by Check**

- Alumni Dues:	\$ 60
- Additional Contribution	\$ _____
- Total Amount	\$ _____

Please make your check payable to the Ackerman Institute for the Family

Option 2: **Pay online and make a donation to Alumni Dues.**

We will still need your information so please mail in your registration form.

Option 3: **Pay by Credit Card**

\_\_\_\_ Visa    \_\_\_\_ Mastercard    \_\_\_\_ American Express

- Alumni Dues:	\$ 60
- Additional Contribution	\$ _____
- Total Amount	\$ _____

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

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

THE ACKERMAN INSTITUTE IS COMMITTED TO GOING PAPERLESS IN THE FUTURE  
SO PLEASE BE SURE TO INCLUDE YOUR EMAIL ADDRESS (ES)!  
WE WANT TO STAY IN TOUCH WITH YOU!