

SHORT-COURSE/WORKSHOP REGISTRATION FORM

First Name: _____ Last Name: _____

Phone (cell): _____ Phone (home): _____

Email Address: _____

Agency: _____

Degree: _____ License: _____ License State & Number: _____

TO REGISTER

By Mail: Please mail the completed registration form with a check (payable to the Ackerman Institute) or credit card information to:

Ackerman Institute for the Family
Attn: Training Department
936 Broadway, 2nd Floor
New York, NY 10010

By Fax: Fax the completed registration form and credit card information to 212-744-0206.

By Phone: Call the Training Department at 212-879-4900, ext. 111 and have your license and credit card information ready.

WORKSHOP(S)/SHORT COURSE(S)

Title: _____ Date: _____

Title: _____ Date: _____

Title: _____ Date: _____

Title: _____ Date: _____

PAYMENT INFORMATION

Please charge my: American Express MasterCard Visa

Card Number: _____ Expiration Date: _____

Name on Card: _____ 3 (or 4) digit security code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____