

REGISTRATION FORM: 2009 FALL WORKSHOPS

Download this form & return to the postal address below.

SPACE IS LIMITED SO SIGN UP EARLY!!
Registrations must be received 10 days before each workshop.

Name: _____

Address: _____

City / State / Zip: _____

Phone – Day: _____ Eve: _____

E-Mail: _____

Degree/Licensure: _____ Number of Years of Clinical Practice: _____

Brief Description of Current Work Setting _____

ALL WORKSHOPS WILL BE HELD AT JOANNA'S OFFICE IN DOWNTOWN DECATUR. DRESS IS CASUAL.

Registration Fee (includes continuing education credits):

UNDERSTANDING THE DOUBLE BIND OF BORDERLINE PERSONALITY STRUCTURE

Friday, August 28, 2009, 9:00 a.m. - 4:30 p.m.,
6 Core hours approved, \$105, lunch on your own \$ _____

**MINDFUL PRESENCE IN PSYCHOTHERAPY™: SEVEN PRINCIPLES OF MINDFUL,
COLLABORATIVE THERAPY**

Friday, September 25, 2009, 9:00 a.m. – 4:30 p.m.,
6 Core hours applied for, \$105, lunch on your own \$ _____

LIFE TRANSITIONS OF THE THERAPIST: PERSONAL AND ETHICAL ISSUES

Saturday, September 26, 2009, 9:30 a.m. – 3:30 p.m.,
5 Ethics hours approved, \$115, lunch included \$ _____

**SUPERVISING THE THERAPEUTIC IMPASSE: AN ADVANCED ETHICS WORKSHOP
FOR SUPERVISORS**

Friday, October 16, 2009, 10:00 a.m. – 5:30 p.m.,
5 Ethics hours applied for, \$105, lunch on your own \$ _____

Discount for Supervision Group Members \$ _____

Total Amount Submitted \$ _____

Return this completed registration form with check or money order (payable to Joanna Colrain) & mail to:

Joanna Colrain, LPC
150 E. Ponce de Leon Ave.
Suite 350
Decatur GA 30030

Questions? Call 770-220-4059.