

REGISTRATION FORM

Download this form & return to the postal address below.

**SPACE IS LIMITED SO SIGN UP EARLY!!
Registrations must be received by April 13, 2009**

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.

Registration Fee (includes continuing education credits):

UNDERSTANDING THE DOUBLE BIND OF BORDERLINE PERSONALITY STRUCTURE

Friday, April 17, 2009, 9:00 a.m. - 4:30 p.m., 6 hours of CEs, \$95, lunch on your own \$ _____

LIFE TRANSITIONS OF THE THERAPIST: PERSONAL AND ETHICAL ISSUES

Saturday, April 18, 2009, 9:30 a.m. – 3:30 p.m., 5 hours of Ethics, \$115, lunch included \$ _____

**FROM THE PHILOSOPHICAL TO THE PRACTICAL: SEVEN PRINCIPLES
OF MINDFUL, COLLABORATIVE THERAPY**

Date to be announced, 9:00 a.m. – 4:30 p.m., 6 hours of CEs, \$105, lunch on your own \$ _____

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

Date to be announced, 10:00 a.m. – 5:30 p.m., 5 hours of Ethics, \$105, lunch on your own \$ _____

Total amount due = \$ _____

_____ I have enclosed a check or money order (payable to Joanna Colrain) for the total amount.

Return this completed registration form with check or money order & mail to:

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