

Can be completed on screen and then printed for mailing.

**REGISTRATION FORM 2017**

**“NAVIGATING THE ETHICAL LANDSCAPE OF THE AGING THERAPIST: A MINDFUL EXPLORATION OF THE CHANGING TERRAIN”**

Jesse Harris-Bathrick, LMFT and Joanna Colrain, LPC, CGP, ACS

*Please return this form to the address below.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone – Day: \_\_\_\_\_ Eve: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Degree/Licensure: \_\_\_\_\_ Number of Years of Clinical Practice: \_\_\_\_\_

Brief Description of Current Work Setting \_\_\_\_\_

Please check your choices (registration fee **includes** continuing education Ethics credits for LCSW, LPC, LMFT):

\_\_\_\_ **“NAVIGATING THE ETHICAL LANDSCAPE OF THE AGING THERAPIST: A MINDFUL EXPLORATION OF THE CHANGING TERRAIN”**

**Friday, October 27, 2017, 9:00 a.m. – 3:30 p.m., 5 ETHICS hours**

\_\_\_\_\_ \$125 if received by October 7      \_\_\_\_\_ \$150 received after October 7

~~\_\_\_\_\_~~ \_\_\_\_\_ Discount (for present Supervisees ONLY—call Joanna or Jesse for details)

~~\_\_\_\_\_~~ \_\_\_\_\_ Total Amount Submitted

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

**Joanna Colrain, LPC      PLEASE NOTE NEW ADDRESS!**  
**545 N. McDonough St.**  
**Suite 212**  
**Decatur GA 30030**

Questions? Call 404-423-3213

\*\*\*\*\*

Received \_\_\_\_\_ Check # \_\_\_\_\_