

REGISTRATION FORM PLAY THERAPY SEMINAR

Print this form, fill in, and mail.

Please note which seminar you would like to attend. As space is limited please register early.

Seminars:

Title:	Dates:	
Name:	Occupation:	
Address:	City:	Prov./State:
Postal/Zip Code:	Country:	Email:
Ph.:	Work Ph.:	Fax.:
Education/Play Therapy Experience:		

Have you taken a seminar with me before? If so what seminar have you taken?

What are some of the issues and goals you want to address in the seminar that you have registered for?

PLEASE NOTE: Space in the seminar will not be confirmed until payment has been received for each individual seminar. Payment can be made by cheque or e-transfer to mariejosedhaese@gmail.com. Please make your cheque or money order payable to Marie-José Dhaese, and send it in by mail to:

**Marie-José Dhaese
846 San Malo Crescent
Parksville, British Columbia,
V9P 1S5, CANADA**

CANCELLATION POLICY: Cancellation must be received by telephone and in writing one month prior to the date of the seminar or the whole amount will be forfeited. Before that date, your \$100.00 will be held for administrative fees.

Signature: _____ **Print:** _____ **Date:** _____

Amount Enclosed in Cheque or Money Order: _____ (Payable to: Marie-José Dhaese)