

## Registration Form

# Disorders of Self Clinical Study Group

An Introduction to  
**Masterson Psychoanalytic Psychotherapy**

13 October to 1 December 2025

16hrs CPD

### Your Details

Title: Full Name:

Address:

Phone: Email:

Professional Training:

Clinical Experience (yrs): Workplace: Position Held:

### Fees

Earlybird (ends 1 Sept 2025) \$575 (incl GST)

Standard Fee (after 1 Sept 2025) \$650 (incl GST)

### Payment through TryBooking

<https://www.trybooking.com/DBOSV>

Please note your fee payable: ☐ Earlybird. ☐ Standard Fee

Is your fee paid by workplace: ☐ Yes ☐ No

Date of payment:

### Terms & Conditions

#### Registration Policy

Full payment of the course fee is required in advance of the course commencement date to secure your registration. Participation in the course cannot proceed without full payment of course fees.

The final decision regarding inclusion of any individual in the training is at the discretion of the facilitators and is non-negotiable.

#### Cancellation Policy

A full refund of the course fee, less a \$50 administration fee, is given for cancellations received in writing by email, fax or mail up to 14 days prior to the commencement date of the course. Cancellations received up to 7 days after this date will forfeit 50% of the course fee. For cancellations received less than 7 days prior to the course commencement no refund is payable. No refund will be given for withdrawal once training has commenced.

These cut-off dates are final and non-negotiable. It is appreciated that medical conditions or other emergencies can occur, but the course organiser cannot accept financial responsibility in these situations.

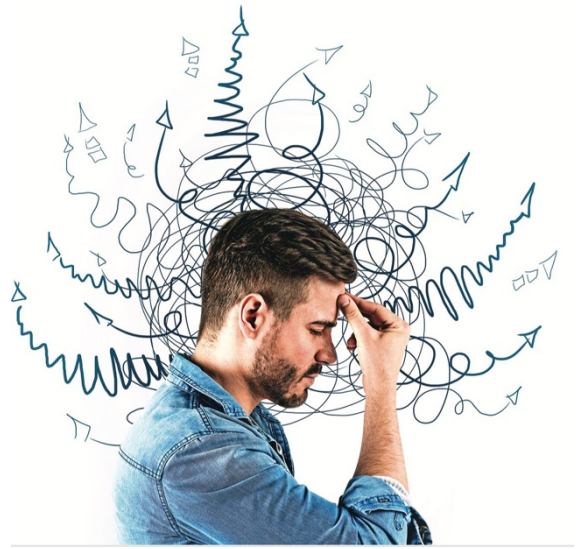
Registrations may be transferred to another suitable person prior to the course commencement provided the transfer of registration is arranged with the consent of the course organisers.

In the event that the course is cancelled, course fees will be refunded in full.

### Acceptance of Terms & Conditions

I have read and accept the Terms & Conditions as outlined:

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Complete form, scan & email to:**

[sondra@mastersonaustralia.com.au](mailto:sondra@mastersonaustralia.com.au)