

DISORDERS OF SELF: Clinical Study Group

AN INTRODUCTION TO MASTERSON PSYCHOANALYTIC PSYCHOTHERAPY

REGISTRATION FORM

TITLE _____

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

PROFESSIONAL TRAINING _____

WORKPLACE _____

POSITION HELD _____

CLINICAL EXP. (YRS) _____

FEES

Early Bird \$425 [incl GST]
Standard Fee (from 26/9/15) \$495 [incl GST]

PAYMENT METHOD

DIRECT DEPOSIT: ACCT Maggie Down | BSB 306 047 | Number 0291807

DATE OF EFT _____ (attach payment confirmation)

PAYMENT AMOUNT _____ Early Bird Standard Fee

COURSE FEE PAID BY WORKPLACE Yes No

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 course organisers 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 commencement of the course no refund is payable. No refund will be given for withdrawal once training has commenced.

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

Registrations may be transferred to another suitable person prior to the commencement of the course 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 (PLEASE TICK)

I have read, understood and accept the terms and conditions as outlined above

Signature _____ Date _____

COMPLETE THIS FORM AND SEND TO:

EMAIL maggdown@iinet.net.au

POST Maggie Down, Counselling on Stirling 10/100 Stirling Hwy North Fremantle 6159

