

REGISTRATION FORM (Please use one form per attendee).

Name: _____ License Type and number: _____
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Please indicate which event(s) you would like to register for and return this form with payment.

JUNE 7 OCTOBER 25 ● \$ 150.00

MAY 16 NOVEMBER 21 ● \$ 150.00

**AFTER THE SWEET BIRD OF YOUTH:
EXPLORING THE ISSUES OF AGING
THROUGH EXPRESSIVE ARTS THERAPY**

KATE DONOHUE, PH.D, REAT
6 CEUS MCEP-BBS; RCGE AND ARF
SAN FRANCISCO

VALIDATING THE LANGUAGE OF DEMENTIA

NADER SHABAHANGI, PH.D
6 CEUS - MCEP-BBS
SAN FRANCISCO

Payment Information (Registration fee includes continental breakfast and conference materials)

Total: \$ _____ Method of Payment: { } Visa { } MasterCard { } Check (see below)

If paying by credit card, please provide the following and **fax with credit card information to: 415- 651- 8671**

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*Certifications: Approved for California MFTs, LCSWs and LEPs by the BBS, #PCE,
Psychologists by MCEP and Community Care Licensing for Administrators*

**If paying with check, please return this
form with check to:**

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