

**REGISTRATION FORM** (Please use one form per attendee).

Name: \_\_\_\_\_ License Type and number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell or Pager \_\_\_\_\_ Fax: \_\_\_\_\_

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**

Cardholder's Name: \_\_\_\_\_ CC Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*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:**

**Pacific Institute**  
432 Ivy Street  
San Francisco, CA 94102  
415-861-3455 phone  
[info@pacificinstitute.org](mailto:info@pacificinstitute.org) e-mail