

Register for the Clinical Conferences

Use this form to register by mail or fax

Name: _____

Organization: _____

Address: _____

Daytime phone: _____

E-mail: _____

Credit card: Check one: Visa Mastercard

Credit Card #: _____

Expiration date: _____

Signature: _____

Clinical Conference Fees

Please circle your choices:

Entire Series

Regular	\$799.00
Trainee	\$600.00
Full-Time Student	\$240.00

Four Conference Package (*excludes November*)

Regular	\$380.00
Trainee	\$260.00
Full-Time Student	\$100.00

Dates Selected : 1) _____

2) _____ 3) _____

4) _____

Individual Conference (*excludes November*)

Regular	\$125.00
Trainee	\$105.00
Full-Time Student	\$36.00

Date Selected : 1) _____

November Conference

Regular	\$135.00
Trainee	\$115.00
Full-Time Student	\$42.00

Fee to Participate in CEU process:

Number of Conferences x \$15 = _____

TOTAL: _____

Please make check to The Georgetown Family Center.

Outside the US, use a money order or credit card.

Mail or fax this form with your payment to:

The Bowen Center

4400 MacArthur Boulevard, NW, Suite 103
Washington, DC 20007-2521

phone: 202-965-4400 Fax 202-965-1765