

Master Class

A Six-month
36-hour Master Class

10:00 am- 5:00 pm
3rd Saturday of the month
August 19, 2006 - January 20, 2007

NAME: _____

ADDRESS: _____

Degree: _____

DAY PHONE #: _____

E-MAIL: _____

AGENCY NAME (if applicable): _____

Nature of current practice/prior experience and training and previous workshops attended:

Fee is \$875 (US\$). A refund, minus a \$75 administrative fee, will be given for cancellations prior to March 15, 2006.

No refunds will be issued after 3/15/06 unless another participant is able to fill the slot (minus \$75 fee).

_____ \$875 (U.S.\$) fee enclosed.

OR

_____ \$275 deposit enclosed, balance due by 7/15/06.

_____ Purchase Orders: include \$25 fee. Payment totaling \$950 must be received by 8/1/06, \$950 due after 8/1/06.

Registration fee includes workshop information packet, and Certificate of Attendance for 36 CEU's.

To register send application form and check to:

5820 Main Street, Suite 406

Williamsville, NY 14221

Office: 716-810-0790

Fax: 716-636-6243

Call 716-810-0790 for additional information or contact us by e-mail at Aweidman@Concentric.net.