

Dyadic Developmental Therapy

(An attachment-based therapy)

SUPERVISION GROUP

Supervision for Therapists
in the Treatment of Children
with Trauma-Attachment Problems

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 \$275 (US\$). A refund, minus a \$75 administrative fee, will be given for cancellations received less than three weeks before the group. No refunds will be issued after three weeks before the group begins unless another participant is able to fill the slot (minus \$75 fee).

_____ \$275 (U.S.\$) fee enclosed.

_____ Purchase Orders: include \$25 fee. Payment totaling \$300 must be received three weeks before the class begins, \$325 due if payment received after three weeks before class begins.

Registration fee includes workshop information packet and Certificate of Attendance for 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.