



Philadelphia Society of Clinical Psychologists

*Please
Duplicate
for Each
Workshop*

TO REGISTER By Check or Credit Card:

- Phone the PSCP Office (215-885-2562) OR
- Fax a completed form below with copy of check to PSCP Office (215-885-1797) OR
- Mail completed form to PSCP, 601 Summit Avenue, 2nd fl, Jenkintown, PA 19046
- Visit our website (www.PhiladelphiaPsychology.org) and view all offerings, then register on line OR
- Members may use their PSCP email newsletter
- Download form from PSCP website, and use that to fax or mail

REGISTRATION FORM

Title of Workshop: _____

Date of Workshop: _____

Name: _____

Degree: _____

Daytime Phone: _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ - _____

Email: _____

* You will receive an email confirmation with directions unless otherwise specified.

FEES for half day program (includes continental breakfast and 3 CE credits):

- PSCP Member \$60 Non-Member \$85
 PSCP Student Member \$50 Non-Member Student (submit copy of valid ID) \$60

FEES for full day program (includes continental breakfast, lunch and 6 CE credits):

- PSCP Member \$135 Non-Member \$185
 PSCP Student Member \$115 Non-Member Student (submit copy of valid ID) \$135

For PA state certified School Psychologists:

- Act 48** Credit \$15 **ACT 48 ID** (*Required for credit*) _____

Total enclosed \$ _____

- Visa MasterCard *Pay by mail or fax using credit card*
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Card Number _____ Exp _____

Authorizing Signature _____

*Refund Policy requires cancellation 48 hours in advance of program.
PSCP Policy regarding Inclement Weather is at www.philadelphiapsychology.org/ce*