



Registration Form

Please fax completed form to 301-565-3390

Training Date: March 11, 2009

Training Title: TEACH YOUR CLIENTS HOW TO THINK – FEEL – BEHAVE TO ACHIEVE
THEIR GOALS: CBT (Cognitive Behavioral Therapy)

Name: _____ Credentials: _____

Title: _____ Organization: _____

Address: _____

City, State & Zip Code: _____

Phone: (_____) _____ - _____ Ext. _____

Fax: (_____) _____ - _____

Email: _____

Payment Method: \$35.00

Check: Payable to Danya Institute, Inc.

Discount Code: _____

Total Amt Due: _____

By faxing this registration form, you and your agency agree to the Registration Policy.

Registration Policy: This registration is final. No refunds are granted. Substitutions are recommended in the event you are not able to attend. *Price adjustments will not be applied on-site for MAAP members. In order for MAAP members to receive discounted price, discount code must be entered at the time of registration!*

A confirmation letter will be issued upon completion of registration.