

2009 SANDPLAY PROFESSIONAL DEVELOPMENT PROGRAM

REGISTRATION FORM

PERSONAL INFORMATION

NAME

COMPANY

ADDRESS

SUBURB

POSTCODE

STATE

MOBILE

EMAIL

PROFESSIONAL MEMBER ASSOCIATION

PROGRAM

Please register me for the following

- | | | |
|---------------------------|--------------------------|---|
| WORKSHOP 1 | <input type="checkbox"/> | Jungian Fundamentals of Sandplay Therapy 25 & 25 April \$450 |
| WORKSHOP 2 | <input type="checkbox"/> | Odysseus' Journey to the Underworld Friday to Sunday 1-3 May \$615 |
| PEER SUPERVISION A | <input type="checkbox"/> | Treacy Conference Centre 17, 18 & 19 April, 2009 \$525 |
| PEER SUPERVISION B | <input type="checkbox"/> | Treacy Conference Centre 21, 22 & 23 April, 2009 \$525 |
| SOCIAL DINNER | <input type="checkbox"/> | Friday 24th April, 2009 Venue to be announced |

Registrations are not confirmed until payment is received.

TOTAL FEES \$.....(enclosed)

SANPLAY VICTORIA and return to:

Please make out your cheque or money order to:

2/17 Cowderoy Street, St.Kilda West VIC 3182

Yes. Please provide me with a certificate of attendance for Professional Development Points

Thank you for your support and we look forward to you joining us.