

REGISTRATION FORM

"A Collaborative Approach For Treatment With Sexually Aggressive Youth and Their Families"

Ms. Joann Schladale, M.S., L.M.F.T.

September 15, 2008 – September 26, 2008

Western Massachusetts Location
To be Announced

NAME: _____

AGENCY: _____

ADDRESS: _____

MAILING (to which textbooks and other materials should be sent if different from above)
ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Please check the appropriate payment box:

\$250.00 deposit. Deposit is non refundable unless the program is cancelled.

\$1,400.00 full tuition. *

* In the event of a cancellation by a registrant, there will be no refunds. However, an alternate may be sent, or the tuition amount can be used towards future programming.

Tuition is due in full by September 1, 2008

Please send your completed application and check payable to **NEARI TRAINING CENTER**
to:

NEARI TRAINING CENTER
70 North Summer Street
Holyoke, MA 01040
ATTN: Diane Langelier

PHONE: 413-540-0712 x14
FAX: 413-540-1915
E-Mail: DCLinMA@aol.com