

***Introduction to Sandplay Therapy  
Registration Form***

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

Profession \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**Introduction to Sandplay Therapy – March 3**

<input type="checkbox"/>	Early registration postmarked before Feb. 18	\$125
<input type="checkbox"/>	Student/intern registration before Feb. 18	100
<input type="checkbox"/>	After Feb. 18 – general	145
	- student/intern	125
<input type="checkbox"/>	CE Certificate	15

**Total Enclosed** \_\_\_\_\_

Make check payable to: **Geri Grubbs**

Send check and registration form to:  
**17512 185<sup>th</sup> Ave. NE, Woodinville, WA, 98072**

**Registration confirmation and directions will be sent to you  
approx. two weeks prior to the workshop.**