

Sandplay Registration Form

Name _____ Degree _____ Date _____

Profession _____

Telephone _____ Email _____

Address _____

Introduction to Sandplay Therapy – April 24

_____	Early registration postmarked before April 17	\$110
_____	Student/intern registration before April 17	90
_____	After April 17 – general	130
_____	- student/intern	110
_____	CE Certificate	15

Explorations in Sandplay Analysis – May 15

_____	Early registration postmarked before May 8	\$110
_____	Student/intern registration before May 8	90
_____	After May 8 – general	130
_____	- student/intern	110
_____	CE Certificate	15

Total Enclosed _____

Make check payable to: **Geri Grubbs, Ph.D.**

Send check and registration form to:
17512 185th Ave. NE, Woodinville, WA, 98072

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