

# **Introduction to Sandplay Therapy Registration Form**

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

Profession \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

## **Introduction to Sandplay Therapy – April 25**

- |                          |                                               |               |
|--------------------------|-----------------------------------------------|---------------|
| <input type="checkbox"/> | Early registration postmarked before April 18 | \$110 general |
| <input type="checkbox"/> | Student/intern registration before April 18   | 90            |
| <input type="checkbox"/> | After April 18 - general                      | 130           |
|                          | - student/intern                              | 110           |
| <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**