



# Anatomy of Intimacy Workshops Couples Therapy Training

## Registration Form 2017–18

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Professional License Number \_\_\_\_\_ Degree \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt./Ste. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
*Get confirmations and updates faster via e-mail*

I would like to register for:

### Robert Navarra, PsyD

October 21, 2017 (7 CE hours)

- \$160
- Early registration \$137  
*ends 10/2/2017*

### Alexandra Katehakis, PhD, LMFT

December 2, 2017 (7 CE hours)

- \$160
- Early registration \$137  
*ends 11/10/2017*

### Andrew Christensen, PhD

March 3, 2018 (7 CE hours)

- \$160
- Early registration \$137  
*ends 2/9/2018*

### Janis Abrahms Spring, PhD, ABPP

April 7, 2018 (7 CE hours)

- \$160
- Early registration \$137  
*ends 3/16/2018*

I prefer to pay by **check**  *Please make checks payable to Foundation for the Contemporary Family*

**Please charge my:**  Visa  MC  AmEx

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL or FAX to: Foundation for the Contemporary Family, c/o Judith Zucker Anderson  
15615 Alton Parkway, Suite 220 Irvine CA 92618 Fax: 949-494-0865 Phone: 949-464-0131

### Cancellation Policy

Refunds must be requested in writing (email, fax, or postmarked) at least 15 days prior to the course date. A withdrawal fee of \$25 per person for each 1-day course applies. If you cancel fewer than 15 days before the workshop, you will receive only full credit toward another course. Refunds and credits are issued within 10 business days after the workshop.