



Pyramid Plus Approach Spring 2018

Registration Form

Name: _____

Address: _____

Phone (work) (_____) _____ (Home/Cell) (_____) _____

Email _____ Agency/Center: _____

Position/Title: _____

REGISTRATION OPTIONS: Please indicate if you will be attending the entire Pyramid Plus Training, a full day of training on each of the dates, or if you will be attending a single session. (Please Note: if there are multiple members from your center/agency attending complete this information for **each** individual attending and submit all registrations together)

_____ I will be attending the full Pyramid Plus Approach Training sessions 1-18

_____ **Individual Participant (\$500.00)** _____ **Group Participant (\$400.00)**

_____ I will be attending either a full day or individual sessions indicated below

_____ (number of individual sessions) X **\$30.00** = _____

Date	Full Day	Single Session	Single Session	Single Session
February 3		Session 1	Session 2	Session 3
February 10		Session 4	Session 5	Session 6
March 3		Session 7	Session 8	Session 9
March 10		Session 10	Session 11	Session 12
April 7		Session 13	Session 14	Session 15
April 14		Session 16	Session 17	Session 18

FEES AND PAYMENT INFORMATION

Training Sessions/Hour	Individual Participants	Group Rate 3+ from same center/agency
Individual Sessions	30.00*	N/A
Sessions 1-18 Total of 48 hours training	\$500.00*/person	\$400.00*/person

Payment is due with registration by January 25th 2018

Checks to be made payable to: **Play Therapy i.n.c.**

Credit Card information:

Card number: _____ CV code: _____

Expiration date: _____ Billing zip code: _____

Remit Registration and Payment Information to:

Play Therapy i.n.c. 8 W. Cry Creek Circle Suite 208 Littleton CO, 80120 or

email at: info@playtherapyinc.com or Fax at 720-638-6271