

## General Workshop Registration Form

Complete this form to register for a Changeways Clinic professional training workshop. Alternatively, go to the "Calendar" page at [www.changeways.com](http://www.changeways.com) and print out a flyer for the program you wish to attend.

Send the completed form with your cheque (made out to "**Changeways Clinic**") to Changeways Clinic, Suite 509, 2525 Willow Street, Vancouver BC, Canada, V5Z 3N8. You can also fax it to us at (604) 871 0495.

Your name: \_\_\_\_\_

Your agency (if any): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email (important; all confirmations are done via email unless you specifically request otherwise):

\_\_\_\_\_

Your professional background (check one):

<input type="checkbox"/> Masters of Counselling/Psychology	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Physician	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Registered Psychiatric Nurse
<input type="checkbox"/> Other (please specify):	

Which workshop are you registering for?

Workshop Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Cost (from Calendar page): \_\_\_\_\_ + \_\_\_\_\_ GST = \_\_\_\_\_