

LEVEL I: Bridging the Couple Chasm

Gottman Couples Therapy -

A **New** Research-Based Approach

April 15th & 16th, 2010

WORKSHOP REGISTRATION FORM

Name (one form per attendee when mailing in or faxing a registration)

_____ Degree/License _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____ Email _____

FEES (includes 300-page clinical manual from the Gottman Institute)

- Early Registration: \$425 (by 3/1/2010)
- Standard Registration \$450 (after 3/1/2010)
- 12 CE Credits

REFUNDS – *Registration fees are refundable (minus \$50 administration fee) when canceled prior to 4/1/2010. After this date, workshop credit will be given for a future date.*

PAYMENT METHOD

Check (Payable to Kathleen B. Corcoran, Ph.D., Inc.)

- Visa
- MasterCard

Cardholder's Name _____ Authorizing Signature _____

Card Number _____ Exp. _____ CSV Code _____

Mail to: Kathleen B. Corcoran, Ph.D., 6611 Rockside Rd, Suite 215, Independence, Oh, 44131

Fax: 216-524-7773