



# Pyramid Plus Approach Fall 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
September 15		Session 1	Session 2	Session 3
September 22		Session 4	Session 5	Session 6
October 13		Session 7	Session 8	Session 9
October 27		Session 10	Session 11	Session 12
November 17		Session 13	Session 14	Session 15
December 1st		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 September 7<sup>th</sup> 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 220 Littleton CO, 80120 or**

email at: [info@playtherapyinc.com](mailto:info@playtherapyinc.com) or Fax at 720-638-6271