

Workshop Registration Form

2012 Training Schedule (Revised January 23, 2012)

Schedule updates: www.sandtraytraining.com

Information: sandtray@comcast.net **505-898-1177**

Name (as you want it on certificate, including title and/or degrees):

Street or PO Box:

City:

State:

ZIP:

Email:

Work Phone:

Home Phone:

Cell Phone:

TO REGISTER

(1) Circle Workshops and/or Conference You Want by Location & Date (2) Circle Corresponding Fees.

(3) Verify Space Available: 505-898-1177 or sandtray@comcast.net

| 2012 WORKSHOPS | | | Circle Corresponding Fee | |
|--|--|-------------------------------------|--|-------------|
| CORE & TOPIC WORKSHOPS (See Website for Descriptions) | Daytona Beach, FL | Corrales, NM | Early Fee <small>Postmarked 30 days in advance.</small> | Regular Fee |
| Level 1 | March 2-3, 2012* www.instituteofplayfulhealing.com | April 18-19, 2012 | \$250 | \$270 |
| Level 2 | March 23-24, 2012* www.instituteofplayfulhealing.com | April 21-22, 2012 | \$250 | \$270 |
| Level 3 | May 18-19, 2012 | October 17-18, 2012 | \$250 | \$270 |
| Level 4 | May 21-22, 2012 | October 20-21, 2012 | \$250 | \$270 |
| Level 5 | | October 26-27, 2012 | \$250 | \$270 |
| Level 6 | | TBA 2013 | \$500 | \$540 |
| Level 7 | | TBA | \$250 | \$270 |
| Level 8 | | TBA | \$250 | \$270 |
| Level 9 | May 24-25, 2012 | TBA | \$250 | \$270 |
| Level 10 | | TBA | \$250 | \$270 |
| Sand & Spirit | | TBA | \$250 | \$270 |
| School & Clinic Groups | | TBA | \$250 | \$270 |
| Sand, Story & Clay in Play Therapy | | TBA 2013 | \$250 | \$270 |
| Group Consultation or Therapy | | see brochure or website TBA 2013 | see brochure or website TBA 2013 | |

Confirmation of registration will be sent by e-mail.

Student Discount: See Registration Information.

*Co-Sponsored: For registration, please go to instructor's website.

TOTAL FEES

Payment Amount and Method

\$ _____ Check Payable to: Sand Tray Training

\$ _____ Visa Master Card

MAIL TO: Sand Tray Training
PO Box 800
Corrales, NM 87048

Credit Card #:

Expiration Date: _____ / _____

Verification #: (3-digit code on back): ____ _

Card Holder's Name:

Signature:

Card Billing ZIP:

California Board of Behavioral Sciences (BBSE Provider #PCE 2942); Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling (Provider Number: #50-1741 - Exp. 3/2013); the National Board for Certified Counselors, NBCC (#5972) and the Texas State Board of Social Work Examiners (#CS5455); APT Approved Provider 99-052.