

## 2015 Special Offer for Newsletter Subscribers

- 1) Select the current registration rate; note that registrations that are mailed must be postmarked by the corresponding date.
- 2) Enter that amount in last column. (See note below regarding discount available for groups)
- 3) Indicate whether or not you want to receive a CE certificate: add payment if you do.
- 4) Enter TOTAL.

Check: Make check to PlayTherapyWorks.

**Mail to:** 217 West Brentwood Blvd., Lafayette, LA 70506

Credit Card: complete billing information and mail to above address  
or fax to 337-993-7929



DATE/Time CE Hours	SEMINAR Presenter	EARLY	REGULAR	LATE	Your Fee
<b>July 27-31</b> (Mon-Friday) 9:00-12:15 <b>15 CE hours</b>	<b>The Creative Play Therapy Process:</b> Accessing Our Own Creativity & Spontaneity for Personal Development and Use in Play Therapy  <b>Risë VanFleet</b>	\$395 until March 1	\$450 until May 1st	\$495 after May 1st	
		<b>Special Offer for newsletter subscribers</b> <b>\$25 off through January 31, 2015</b> <b>\$370.00</b>			
<b>Group DISCOUNT:</b> Groups of 3 or more registering together receive 10% off the above fee. All registrations must be received at the same time. Enter the discounted fee in the column at right.					
<b>PLEASE COMPLETE THIS SECTION:</b> <b>Do you want to request a CE certificate?</b> Yes ___ No: ___ If Yes, add certificate fee of \$25 at left. <b>Note:</b> You will receive credit for the program whether or not you elect to get a certificate. After you register, you will receive a receipt showing that you paid for registration. PlayTherapyWorks retains sign-in sheets for a minimum of 5 years and your credentialing organization can contact us for verification if needed.				<b>Add \$25 to receive a CE certificate:</b>	
TOTAL					
<b>REFUND &amp; CANCELLATION POLICY:</b> You may cancel within 7 days of registration without penalty. Cancellations after 7 days will entail a \$50 fee until May 1st. No refunds will be given after May 1st, due to commitments made for your participation by PlayTherapyWorks. Registration fee may be transferred to another person or to another seminar without penalty.					
<b>Name:</b>					
<b>Address</b>					
<b>Email:</b>					
<b>Licensure / Certifications:</b>			<b>Phone (s)</b>		
<b>Employer:</b>			<b>Emergency Contact Name:</b> <b>Emergency Contact Phone#:</b>		
<b>BILLING INFORMATION</b>					
<b>Credit Card type:</b>		<b>Credit card #:</b> _____ <b>Expiration date:</b> ___ / ___ <b>Verification # (security code):</b> _____			
Amount to charge to my credit card: _____		<b>Signature:</b> Billing address if different from above:			

**APT Provider # 00-098**

**Questions?**

Contact **Marcie Yeager, LCSW, RPT-S**, Summer Seminars Coordinator:

**Mail:** 217 West Brentwood, Lafayette, LA 70506

**Phone:** 337-993-7927 **Fax:** 337-993-7929

**Email:** playtherapy@att.net