

NCSPP COURSE REGISTRATION FORM

Three convenient ways to register:

Mail: NCSPP, 12 Hampton Avenue, San Anselmo, CA 94960

Fax: 415-457-6276

Online: www.ncspp.org (make secure credit card or debit payments online via PayPal, the Internet's most trusted payment processor)

Name _____ Degree _____

Address _____

City, state, zip _____

Phone _____

Email _____

Please enroll me in the following course(s) or conference:

1. (Title) _____ \$ _____

2. (Title) _____ \$ _____

3. (Title) _____ \$ _____

Member of NCSPP? Yes No

Yes, I would like to become a NCSPP Member \$ _____
(by becoming a member now you may register at the member/associate member rates for all courses)
\$95.00 Member (All licensed mental health professionals)
\$45.00 Associate Member (Individuals who are not licensed in any of the mental health disciplines)

Yes, I would like to contribute to the Scholarship fund \$ _____

Total Payment: \$ _____

Payment Method: check: payable to NCSPP Credit Card

Visa Mastercard American Express Discover

Credit Card # _____ - _____ - _____ - _____ Exp: _____ Card Security Code: _____

Name as appears on card: _____

Billing Address: _____

Signature: _____