

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 rates for all courses)

MEMBER (\$105.00) All licensed mental health professionals who have an interest in psychoanalysis and/or psychoanalytic psychotherapy. Member status does not, by itself, imply competence to practice psychoanalysis and/or psychotherapy.

PRELICENSED CLINICIAN (\$50.00) Individuals, not currently students, who are not licensed in any of the mental health disciplines, or who are no longer practicing in any of the mental health disciplines, or who live out of state (and thus are unable to take advantage of our programs in person).

STUDENT (\$25.00) Individuals currently enrolled in an undergraduate or graduate school in a mental health discipline. Must include a copy of current student ID.

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

Total Payment: \$ _____

Payment Method: check: payable to NCSPP Credit Card

Visa Mastercard American Express

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

Name as appears on card: _____

Billing Address: _____

Signature: _____