



CPSP

College of Pastoral Supervision and Psychotherapy

NATIONAL CLINICAL TRAINING SEMINAR November 9-10, 2009

Carmel Retreat – Mahwah, New Jersey

REGISTRATION FORM

Name:		
Mailing Address:		
Tel (Work):	Tel (Home)	Fax:
Email:		

Please check your registration preference and add the deposit to your selected night stay rate or day rate:

Registration fee: \$15.00 (non-refundable deposit)	\$15.00
One (1) night stay – single: \$80.00	
One (1) night stay – double: \$70.00	
Day rate (no overnight): \$45.00	

I enclose herewith my check for the total of \$ _____ being my payment for the above.

Please check:

Chaplain Intern/Resident
Supervisor-in Training
Diplomate

Pastoral Counselor
Psychotherapist
Clinical Chaplain

The deadline for submission of registration forms is November 2, 2009.

Registrations can be emailed to Francine Hernandez at francine.angel5@gmail.com.

Deposits can be mailed to:

**The Rev. Francine Hernandez
Episcopal Health Services, Inc.
327 Beach 19th Street, 9th Floor
Far Rockaway, New York 11691**

*Registrations received after the deadline will present problems of room assignment.
Making changes upon arrival will result in problems for the facility;
so please plan to stay for the entire seminar.*