



# Philadelphia Society of Clinical Psychologists

*Please  
Duplicate  
for Each  
Workshop*

## TO REGISTER By Check or Credit Card:

- Phone the PSCP Office (215-885-2562) OR
- Fax a completed form below with copy of check to PSCP Office (215-885-1797) OR
- Mail completed form to PSCP, 601 Summit Avenue, 2nd fl, Jenkintown, PA 19046
- Visit our website ( [www.PhiladelphiaPsychology.org](http://www.PhiladelphiaPsychology.org) ) and view all offerings, then register on line OR
- Members may use their PSCP email newsletter
- Download form from PSCP website, and use that to fax or mail

## REGISTRATION FORM

**Title of Workshop:** \_\_\_\_\_

**Date of Workshop:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

\* You will receive an email confirmation with directions unless otherwise specified.

### FEES for half day program (includes continental breakfast and 3 CE credits):

- PSCP Member \$65                       Non-Member \$90  
 PSCP Student Member \$50             Non-Member Student (submit copy of valid ID) \$60

### FEES for full day program (includes continental breakfast, lunch and 6 CE credits):

- PSCP Member \$145                       Non-Member \$195  
 PSCP Student Member \$125             Non-Member Student (submit copy of valid ID) \$145

For PA state certified School Psychologists:

- Act 48 Credits:** 3 (\$15); 6 (\$30)     **ACT 48 ID (Required for credit)** \_\_\_\_\_

**Total enclosed \$** \_\_\_\_\_

*Pay by mail or fax using credit card*

- Visa             MasterCard             American Express

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

*Refund Policy requires cancellation 48 hours in advance of program.  
PSCP Policy regarding Inclement Weather is at [www.philadelphiapsychology.org/ce](http://www.philadelphiapsychology.org/ce)*