DREXEL UNIVERSITY
College of Nursing and Health Professions
Couple and Family Therapy

Attachment Based Family Therapy Workshop
Drexel University
Health Sciences Center City Campus
May 14-16, 2014 - Philadelphia, PA

To register, complete this form and mail with payment to Drexel University. One form per person; you may photo copy this form. If you need special accommodations, due to a disability, call us at 800-666-7737
We will attempt to meet needs presented at the last minute, but 2 weeks notice will be appreciated.

Drexel University reserves the right to photograph, videotape or record conference participants and to publish their likenesses in University publications, video or other academic, educational or promotional materials.

Drexel University's College of Nursing and Health Professions (CNHP) reserves the right to cancel or postpone any course due to unforeseen circumstances. In the event of a cancellation or postponement, CNHP will refund any registration fees. CNHP is not responsible for costs, charges or expenses assessed by hotels, airlines and travel agencies.

Although rarely necessary, we reserve the right to substitute faculty. Faculty are well qualified to speak in their area of expertise. The views expressed by them are not necessarily those of Drexel University.

First Name _____ M.I. _____ Last Name _____

List Credentials _____ Title _____

Home Address _____

City/State/Zip _____

Home/Cell Phone _____ Work Phone _____ E-mail address (Required) _____

Employer's Name _____ Street Address _____

City/State/Zip _____

I will attend the following day(s) ☐ **WED (day 1)** or ☐ **WED,THUR & FRI (day 1, 2 & 3)**
No lunch will be provided on day 1 Wed. Lunch will be provided on days 2&3

3 Day Regular Registration (May 14-16th) ……..…… $475

Day 1 only Regular Registration (May 14th) ……..……..…… $130

Day 1 only Drexel University, CHNP Faculty Registration (May 14th)….. $65

***Day 1 only Student Registration (May 14th)……..…….…… $65**

****Student Rate** for Wednesday, May 14th — only available for students currently enrolled in a Program. Proof of student status will be required. Please email to ed35@drexel.edu or fax to 215-762-8171*

Please submit your name above as you want it to appear on the certificate

Please indicate CE/CEU Certificate type:

☐ **APA - ADD $35 Fee**

☐ **LPC** ☐ **LCSW** ☐ **LMFT**
☐ **LSW - ADD $15 Fee**

☑ **- How did you hear about this Conference?**

☐ Web Search ☐ Colleague ☐ Email ☐ Other _____

Would you like your name, institution and e-mail to be made available to colleagues attending this conference? ☐ Yes ☐ No

DIETARY RESTRICTIONS: ☐Vegetarian other: _____

Payment Method: √ form of payment (U.S. currency only) below.

Conference Fee: $_____

CE/CEU Certificate Fee: $_____

Total Amount Enclosed $_____

☐ Check Checks made payable to Drexel University ☐ VISA/MASTERCARD/DISCOVER

Card#: _____ Exp. Date: _____

Cardholder's Name: _____

EASY WAYS TO REGISTER:

ON-LINE Visit us at:
www.drexel.edu/cne

Mail Registration form with payment to:
Drexel University, CNHP
Mail Stop #1002
245 North 15th St.
Philadelphia, PA 19102

UPS/FedEx
Drexel University, CNHP
Continuing Nursing Education
1505 Race Street, Bellet Building
2nd Flr. Room 204
Philadelphia, PA 19102
Attn: Elizabeth Diaz, Registrar

FAX registration form with credit information to:
(215) 762-8171

PHONE with Credit Card in hand to:
(215) 762-7554

PAYMENT: Full payment required prior to the start of the conference.

REFUNDS:
A $25.00 administration fee will be charged for all refunds. Telephone requests will be honored up to four business days before the start of the course begins and must be confirmed in writing. If cancellation occurs within three business days prior to the course, a refund will not be available. However, the full amount of tuition may be applied to a future course (Note: certain restrictions apply.) Allow minimum of six weeks from date of course completion for processing refunds.

Please Note: A $50.00 administrative fee will be charged for any returned checks due to insufficient funds.

OFFICE USE ONLY:

Date Rec'd _____

Amt. Rec'd _____

Fee Not Rec'd _____

Form of Payment: _____

PC HC CS MO P.O. V MC DC
V/MC/DIS/ GC GOV

MC: 04/2014