

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 _____		

**Attachment Based Family Therapy Level 2 Advanced Workshop.**

*Must have attended a previous Level 1 ABFT 3-day Workshop*

*Date of previous ABFT Level 1, 3day workshop attended (subject to verification)*

*Date Attended Level 1: \_\_\_\_\_*

☐ **3-Day Regular Registration (March 23, 24 & 25, 2020) ..... \$475.00**

**Includes lunch and refreshment breaks**

☐ **\* 3-Day Faculty & Student Registration (March 23, 24 & 25, 2020)..... \$425.00**

*\*Proof of student status will be required. Please email to [ed35@drexel.edu](mailto:ed35@drexel.edu) or fax to 267-359-5954*

**Please submit your name above as you want it to appear on the certificate**  
**Please indicate CE/CEU Certificate type below:**

☐ **APA - ADD \$35 Fee**

**\*PA State Board ADD \$25 Fee - LMFT/LCSW/LSW/LPC**

☐ **\*LMFT** ☐ **\*LCSW** ☐ **\*LSW** ☐ **\*LPC**

**Dietary Restrictions:**

Vegetarian Other: \_\_\_\_\_

**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

**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

**EASY WAYS TO REGISTER:**



**ON-LINE Visit us at:**  
**[www.drexel.edu/cnhp/ce](http://www.drexel.edu/cnhp/ce)**



**Mail Registration form with**  
**Check or MO payment to:**  
Drexel University, CNHP  
Three Parkway, 1601 Cherry St.,  
Mail Stop #101002  
10th Flr., Room 1057  
Philadelphia, PA 19102

**UPS/FedEx**  
Drexel University, CNHP  
Three Parkway, 1601 Cherry St.,  
10th Flr, Room 1057  
Philadelphia, PA 19102  
Attn: Elizabeth Diaz, Registrar



**FAX** registration form with credit  
information to:  
**(267) 359-5954**



For questions, please contact us at:  
**1-800-666-7737**

**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 MO