



AZAPT 2008 Saturday Education and Training Series- 3 hours

Dates:

- Saturday February 2, 2008: Roban Kubic, MS, LPC “Sand Tray and Play Therapy”
- Saturday June 21, 2008: Ellen Brennan, Ph.D., P.C “The Use of Play Therapy for Families with Infants and Toddlers”
- Saturday August 16, 2008: Randi Hermann, MC, LPC, Registered Play Therapist and Supervisor “Child Centered Play Therapy”
- Saturday October 18, 2008: Ana Gomez, MC “EMDR in Play Therapy”

All 3 hour Saturday presentations are 10:00 AM- 1:00 PM.

Location: Crisis Nursery Administrative Office: 2324 E. Polk St. Phoenix, AZ

Pre-registration is encouraged for all Saturday presentations. The deadline is two weeks prior for the “Pre-registration” rate.

Complete the enclosed “Pre-registration” form and mail with check or money order to AZAPT PMB 199 3851 E. Thunderbird Rd. #111 Phoenix, AZ. 85032

Cost of Saturday presentations is as follows for the “pre- registration” rate:

AZAPT Members: \$35.00

Non AZAPT Members: \$50.00

Cost of Saturday presentations is as follows for “regular registration”:

AZAPT Members: \$45.00

Non AZAPT Members: \$60.00

AZAPT is approved by the Association for Play Therapy to offer continuing education specific to Play Therapy. Our Provider Number is 97-035. AZAPT maintains responsibility for the program.

AZAPT 2008 Saturday Education and Training Series Pre- Registration

Name: _____

Mailing address: _____

Email: _____ **Work #:** _____

Home #: _____ **Cell#:** _____

Agency: _____

To register:

1. Check the workshop(s) you will attend;
2. Mail this registration form and check/ money order to:
AZAPT
Attn: Saturday Education and Training Series
PMB 199
3851 E. Thunderbird Rd #111
Phoenix, AZ. 85032

Make check/ money order payable to AZAPT

“All cancellations will be refunded less a \$10 administration fee up to 24 hours before the event. Cancellations less than 24 hours will not be refunded.”

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PAYMENT INFORMATION (Check one):

___ Check/ money order enclosed (payable to AZAPT)

___ Credit card payment

Card type (Vise, MC) _____ Card Number: _____

Expiration Date: _____ Signature: _____