

**Package Price:
Save \$215 when you sign up for Track I**

Name: _____

Title/License Number/Pre-Licensed: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Days: _____ Evenings: _____

Email Address: _____

**Track I:
Intensive, One Year Training:** Weekends \$1080 / \$940 pre-licensed

**Track II:
Individual Classes Year Training:** Weekends

Cognitive Therapy for Depression (12 CE Units) \$355 / \$320 pre-licensed

Cognitive Therapy of Anxiety (12 CE Units) \$355 / \$320 pre-licensed

Cognitive Therapy of Schema Change (8 CE Units) \$230 / \$210 pre-licensed

Treatment of AXIS II Cases (12 CE Units) \$355 / \$320 pre-licensed

Track III: Therapist Schema and Consultation Group Using CBT \$517

Auditing Classes Track I - \$550 Depression - \$180

Anxiety - \$180 Schema Change - \$115 AXIS II - \$180

Auditing Classes: For students wanting to participate in the program for a second time

Total: _____

Method of Payment:

Check payable to *Cognitive Therapy and Training Center, Inc.*

Visa MasterCard Expiration Date: _____

Amount Charged: _____ Card Number: _____ CCV: _____

Card Holder Signature: _____

Please mail registration form and fees to:
Cognitive Therapy and Training Center
5440 Morehouse Dr., Suite 3800
San Diego, CA 92121
Email: Reasbeck@CognitiveTherapyAndTrainingCenter.com
Register by phone: 858-458-0388
Register by fax: 858-458-0413

Conference sessions will be recorded. Registrant agrees Cognitive Therapy and Training Center may record and distribute registrant's involvement in the discussion.

Signature: _____