

**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 Group**      \$550

**Track III: Therapist Supervision Group**      \$550

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

Track I - \$550       Depression - \$180       Anxiety - \$180

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

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](mailto:Reasbeck@CognitiveTherapyAndTrainingCenter.com)  
Register by phone: 858-458-0388  
Register by fax: 858-458-0413

Registrant agrees Cognitive Therapy and Training Center may record and distribute registrant's involvement in the discussion. Any comments or evaluations may be used for publicity purposes. Initial: \_\_\_\_\_

I have read the GUARANTEE POLICY and the CANCELLATIONS AND REFUND POLICY. Initial: \_\_\_\_\_

