

Thanks for Registering!

Name: _____

Title/License Number/Pre-Licensed/Degree: _____

Telephone Numbers: Days: _____ Evenings: _____

Email address: _____

GUARANTEE POLICY

If, by the end of the first morning, you are dissatisfied with your CBT workshop for any reason, return the materials and receive a complete tuition refund.

In the event Cognitive Therapy And Training Center must cancel a class, your fee will be refunded in full.

CANCELLATIONS AND REFUND POLICY

No refunds will be issued for cancellations.

Letters of credit, minus a \$30.00 Administration Fee, will be issued for cancellations. This letter of credit may be applied toward a future CBT program within the following twelve months.

Payment is due in full by the first day of the program.

TRACK 3: THERAPIST CONSULTATION GROUP AND THERAPIST SCHEMA

GROUP are both small, closed groups. Therefore, there are no make up hours. Participants are responsible financially for any missed sessions.

ACKNOWLEDGEMENTS

I have read the GUARANTEE POLICY and the CANCELLATIONS AND REFUND POLICY above.
I UNDERSTAND AND AGREE to the terms of the cancellation policy that Letters of Credit, minus a \$30.00 Administration Fee, will be used for cancellations. **Initial:** _____

Any comments on evaluations may be used for publicity purposes. **Initial:** _____

Registrant agrees Cognitive Therapy and Training Center may record and distribute registrant's involvement in the discussions. **Initial:** _____

Email a scan of the form to Reasbeck@CognitiveTherapyAndTrainingCenter.com

OR

Fax the form to **858-458-0413**

OR

Mail the form to

Cognitive Therapy and Training Center

5440 Morehouse Dr., Suite 3800

San Diego, CA 92121