

CE REGISTRATION FORM

Course Name: Awakening Joy

CE Fee: \$90 per course for 30 CE Hours

To receive CE Hours, **please fill out this form in its entirety, save it** and return it to RTW via **email** to admin@relationshipsthatwork.com, **or print and fax** it to: (415) 883-5544.

Participant Information

Name: _____
 Home Address: _____
 City, State, Zip: _____
 Country / Region: _____
 Home Phone: _____
 Mobile Phone: _____
 Personal Email: _____

Company Information

Company Name: _____
 Work Address 1: _____
 Work Address 2: _____
 City, State, Zip: _____
 Work Phone: _____
 Work Fax: _____
 Work Email: _____

Payment Information (payment will be processed upon receipt of the course post-test answers)

Payment Via: Check Credit Card

For Payment via Check: (please make checks payable to RTW)

Check #: _____ Amount: \$ _____ Date Mailed: _____

For Payment via Credit Card:

Charge to: VISA MasterCard American Express Discover
 Credit Card Number: _____ - _____ - _____ Security Code: _____
 Expiration Date: _____ / _____ Charge Amount: \$ _____
month year

Card Holder's Name: _____

Card Holder's Email: _____

Billing Address for Credit Card: _____

City, State, Zip: _____ Card Phone #: _____

Continuing Education Hours Information

License Type: LCSW LMFT LPCC LEP

License Number: _____

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PRINT FORM

**Scan and fax to:
415-883-5544**

or

EMAIL

**Please fill out in
Adobe Reader 8.0 or
newer.**

Relationships That Work®
19 Winged Foot Drive
Novato, CA 94949

Phone: 415.883.5600
Fax: 415.883.5544

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