**Introduction to Sandtray Therapy Workshop**

**Saturday, 5 October 2013 (10am – 5pm) & Sunday 6 October 2013 (10am – 5pm)**

**Registration Form**

Name: Click here to enter text.

Address: Click here to enter text.

Gender:Click here to enter text. Occupation: Click here to enter text.

Telephone no.: Click here to enter text. E-mail: Click here to enter text.

Organization:

I am a:

[ ]  Licensed and registered counselor, or a mental health professional (i.e. counselor, counseling psychologist, clinical psychologist and marriage and family therapist) with at least a masters degree.

[ ]  Student from a counselling, counseling psychology or clinical psychology program (please provide proof upon request).

[ ]  Lay and para counselor.

[ ]  Other: Click here to enter text.

I am paying the fees of (please check the boxes):

[ ] RM550

[ ] RM495 (10% discount for early bird registration before 14 September 2013.)

by [ ] cash [ ] cheque [ ] bank deposit.

Special diet: *(please specify)* : Click here to enter text.