

## *Introduction to Sandplay Therapy Registration Form*

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

Profession \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### **Introduction to Sandplay Therapy – March 3**

- |                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | Early registration postmarked before Feb. 18 | \$125 |
| <input type="checkbox"/> | Student/intern registration before Feb. 18   | 100   |
| <input type="checkbox"/> | After Feb. 18 – general                      | 145   |
|                          | - student/intern                             | 125   |
| <input type="checkbox"/> | CE Certificate                               | 15    |

**Total Enclosed** \_\_\_\_\_

Make check payable to: **Geri Grubbs**

Send check and registration form to:  
**17512 185<sup>th</sup> Ave. NE, Woodinville, WA, 98072**

**Registration confirmation and directions will be sent to you  
approx. two weeks prior to the workshop.**