

Course Registration

Name _____

Address _____

City _____

State/Zip _____

Phone _____

E-mail _____

Course # 1 _____

Course #2 _____

Course #3 _____

Total \$ _____

*Applicants to the Seminar in Psychoanalytic Psychotherapy please include curriculum vitae.

Return with your check payable to "WNEPS" to:

w.n.e.p.s.

Continuing Education Division

255 Bradley Street

New Haven, CT 06510.

Full-time students, mental health trainees, & residents are tuition-exempt with verification from their education or training director.

Advance registration required.

For information, call Kathy Wilcox at 562-2103