

# REGISTRATION FORM PLAY THERAPY SEMINAR

Print this form, fill in, and mail.

Please note which seminar you would like to attend. As space is limited please register early.

## Seminars:

Title:	Dates:	
Name:	Occupation:	
Address:	City:	Prov./State:
Postal/Zip Code:	Country:	Email:
Ph.:	Work Ph.:	Fax.:
Education/Play Therapy Experience:		

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Have you taken a seminar with me before? If so what seminar have you taken?

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What are some of the issues and goals you want to address in the seminar that you have registered for?

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Would you like to book individual consultation/personal/professional development time after the seminar? On what day? How many hours?

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**PLEASE NOTE: Space in the seminar will not be confirmed until payment has been received for each individual seminar. Payment can be made by cheque or e-transfer to [mariejosedhaese@gmail.com](mailto:mariejosedhaese@gmail.com). Please make your cheque or money order payable to Marie-José Dhaese, and send it in by mail to:**

**Marie-José Dhaese  
846 San Malo Crescent  
Parksville, British Columbia,  
V9P 1S5, CANADA**

**CANCELLATION POLICY: Cancellation must be received by telephone and in writing one month prior to the date of the seminar or the whole amount will be forfeited. Before that date, your \$100.00 will be held for administrative fees.**

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**Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Amount Enclosed in Cheque or Money Order: \_\_\_\_\_ (Payable to: Marie-José Dhaese)