

Registration form: ***Thwarting the Transmission of Trauma***

with Robin L. Kay, Ph.D, and Susan Warren Warshow, LCSW, MFT

Friday, December 17, 2010: 1:00 to 6:00 and/or Saturday, December 18, 2010: 1:00 to 5:30.

\$60.00 for Day 1 only OR \$100.00 for both days.

Westwood, California (location TBA)

Name: _____ License No. _____

Professional Title (e.g. M.D., Ph.D., LCSW, MFT, etc.)

Address: _____

City, State, Zip Code

Email: _____

Telephone: _____

I certify that I am either a certified or registered health professional. I agree that I will respect the privacy of the patient material, and will treat it in a confidential manner in keeping with my professional code of conduct. I understand that confidential and personal material will be a part of this seminar and that taping at any point during the weekend is prohibited."

Signature:

Please make checks payable to **Susan W. Warshow, LCSW** and mail check and registration form to: Susan Warren Warshow, LCSW

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