

**Registration form:**

***"Accessing and Integrating Deep Affect"***

Name: \_\_\_\_\_

License No. \_\_\_\_\_ Professional Title (e.g., M.D., Ph.D., LCSW, MFT )

Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**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 agree to not record any of the patient material.**

**I would/would not like to continue receiving email announcements from Susan Warren Warshow, LCSW, MFT**

**Signature:**

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**10 sessions at \$2025.00. Includes buffet lunch.**

Continuing education credits for LCSWs and MFTs are included; there will be a fee for continuing education credits for PhDs (to be announced).

I have an interest in Level 2 Training

I have an interest in both Level 2 and Level 3 Training.

Visa and MasterCard accepted. Name as it appears on card:

\_\_\_\_\_

Circle Credit Card:    Visa        MasterCard

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**You may fax the completed registration form with credit card information to Susan Warren Warshow, LCSW, MFT at 818-704-1986.** You may also mail the registration form with a check payable to Susan Warren Warshow, LCSW, MFT, to Susan Warren Warshow, LCSW, 21241 Ventura Blvd., Ste. 251, Woodland Hills, CA 91364.