

**Psychological Traditions:
Strength-Based Approaches for Today's Clinician,
Hawaiian Perspectives & the Wisdom of Jung**

**May 18-21, 2009 Workshop
REGISTRATION FORM**

CONTACT INFORMATION (THIS INFORMATION IS MANDANTORY PLEASE COMPLETE EACH LINE)

Name: _____ M: ___ F: ___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Continuing Education Credit Requested: ___ Yes ___ No
If so, Continuing Education Credit for what license: _____

Student or your Profession? STUDENT @ _____ PSYCHOLOGIST ___ MFT: ___
LCSW: ___ RN: ___ MD: ___ Other: _____ License #: _____ State: _____

JFKU is our co-sponsor, please answer the following:

Have you previously enrolled in a course at JFK University? Yes ___ No ___

Are you currently working toward a Psychology & Mental Health Certificate or interested in?

(If so, please mark the appropriate place(s) below and complete a Certificate Application)

___ Eating Disorders ___ Life Coaching ___ Sandplay ___ Strength based Approaches ___

___ Expressive Arts ___ Play Therapy ___ Sport Psychology ___ Other

Fees: ___ \$975.00 Prior to 3/18/09; ___ \$1075.00 AFTER 3/18/09; ___ \$30/Continuing Ed Fee

NOTE: Due to the nature of bookings/air travel cancellations fees are strict. Cancellation fees: 90 days 50\$ processing fee; 60 days prior: 50% refund; 30 days prior no refund (w/ possible credit to another conference as offered in the future). Discounts to certain graduate students may be available, please contact Dr. Johnson via e-mail to discuss eligibility.

PLEASE MAIL CHECK C/O or CHARGE

**Bret K Johnson Ph.D.
550 Water Street F-2
Santa Cruz, Ca 95060**

**Fax Form to:
CC #'s to: 408-868-9060**

Payment Options:

Check ___ Master Card ___ Visa ___ Amex ___

Last three digits on signature line on back _____

Credit Card # _____

Address for billing *(If different than above)*

Signature _____

Date : _____

Email Questions to: bretkjohn@aol.com or telephone Dr. Johnson at: 408-828-8169