

Introduction to Expressive Arts Therapy

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Credentials _____

Required Credit Card Information:

M/C, VISA, AMEX # _____

Expiration Date ___ / ___ Security Code _____ Zip Code _____

Name on Card if Different from Registrant _____

REGISTRATION COST (Includes CEU Certificate) \$299.00

PLEASE CHECK IF YOU WANT CEUs

Mail your completed form to:
Kim Anderson, MSW, LCSW, ATR-BC, REAT
7110 Oakland Avenue, Suite 104
St. Louis, Missouri 63117

Or securely email to:
kandersonlcsw@att.net