

# Expressive Arts Therapy Certificate

## 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 30 Hrs CEUs and Certificate) \$1595.00

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