



## Registration Form 2019

### Courses

June 17-21, 2019	<input type="checkbox"/> Goldberg	<input type="checkbox"/> Graham		
June 24-28, 2019	<input type="checkbox"/> Plummer	<input type="checkbox"/> Eldridge	<input type="checkbox"/> Sirois	
July 1-5, 2019	<input type="checkbox"/> Korn	<input type="checkbox"/> Hartl	<input type="checkbox"/> McCloskey	
July 8-12, 2019	<input type="checkbox"/> Dana	<input type="checkbox"/> Naiman	<input type="checkbox"/> Boyatzis/Taylor	
July 15-19, 2019	<input type="checkbox"/> Schwartz	<input type="checkbox"/> Mars	<input type="checkbox"/> Sparks	
July 22-26, 2019	<input type="checkbox"/> Forsyth	<input type="checkbox"/> Fisher	<input type="checkbox"/> Hendrix/Hunt	
July 29-August 2, 2019	<input type="checkbox"/> Burgess	<input type="checkbox"/> Foxman	<input type="checkbox"/> van der Kolk	
August 5-9, 2019	<input type="checkbox"/> Sky	<input type="checkbox"/> Meichenbaum	<input type="checkbox"/> Zeig	<input type="checkbox"/> Porges
August 12-16, 2019	<input type="checkbox"/> Hallowell	<input type="checkbox"/> Epstein	<input type="checkbox"/> Anderson	<input type="checkbox"/> Solomon
August 19-23, 2019	<input type="checkbox"/> Paquette	<input type="checkbox"/> Weintraub/Huebner		

### Name & Address

Name \_\_\_\_\_ Degree \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

### Profession

- HR/OD/Management     Counselor     Other Physician     Art Therapist  
 K-12Teach/Admin/MHpro     Psychologist     Social Worker     Other Health Professional  
 Marriage/Family Therapist     Psychiatrist     Nurse     Other (specify) \_\_\_\_\_

Check this box if you have previously attended the Cape Cod Institute

### Tuition

**\$675** for one course (**\$625** prior to March 1)  
**\$525** for each additional course attended by the same person.  
**\$575** for Full-time Graduate Students and Resident Physicians.

Enclosed is a check for \$ \_\_\_\_\_

Charge my credit card:  Mastercard     VISA     American Express

Card # \_\_\_\_\_ exp. date \_\_\_\_\_

CVV \_\_\_\_\_

Signature \_\_\_\_\_

### Make check payable and mail to:

Cape Learning Network, LLC  
 PO Box 70  
 Westport, CT 06881  
 or fax to 508-603-6801  
 or register online at [www.cape.org](http://www.cape.org)