

REGISTRATION FORM

Western Branch Canadian Psychoanalytic Society

**Extension Program VICTORIA
Challenging Clinical Encounters**

October 2016 to June 2017

Name: _____

Address: _____

Phone number: _____

E:mail address: _____

Student: _____

name program and university; along with photocopy of proof of registration.

Professional Affiliation: _____

Degrees: _____

\$320.00 for professionals or \$200.00 for candidates, students, WB members and WB guests
Send payment and registration form to the address below or contact Nancy Briones at nbriones@telus.net
with further enquiries.

Western Branch-CPS
c/o Nancy Briones,
7755 Yukon Street,
Vancouver, B.C. V5X 2Y4

Withdrawal Policy

The withdrawal policy of the Extension Program allows for a refund, minus a 10% administration cost, up to five business days before the first class. No refund will be granted as of the first meeting.