

REGISTRATION FORM

**Western Branch Canadian Psychoanalytic Society
Extension Program
Difficult Patient Encounters
September 2016 to December 2016**

“This event is an accredited group learning activity (section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by the Canadian Psychiatric Association (CPA). The specific opinions and content of this event are not necessarily those of the CPA, and are the responsibility of the organizer(s) alone.”

Each class is 2.75 hours for a total of 22 hours

Name: _____

Address: _____

Phone number: _____

E:mail address: _____

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

Professional Affiliation: _____

Degrees: _____

\$380.00 for professionals or \$260.00 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

Extension Program Committee: Jo Hoffman, Paul Steinberg and Darren Thompson

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.