

PLAY THERAPY REGISTRATION FORM

Please complete and return to the address below

Name: _____ Title: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

Mobile Phone: () _____ Email: _____

Mailing Address Preference: () Home () Email

Employer: _____

Position: _____



Special Needs: () Yes () No *Specify:* _____

You may apply to any workshop listed below:

**Registration Fee for each workshop is \$175 for professionals and \$75 for students
20% discount if you pay for all ten workshops at the time of initial registration**

Choose one or more:

- () **Workshop I: Introduction and Theoretical Approaches - April 5, 2008**
- () **Workshop II: Logistical Aspects of Play Therapy & Skills I – April 26, 2008**
- () **Workshop III: Skills II – May 31, 2008**
- () **Workshop IV: Playroom Setup, Problems & Portable Play – June 7, 2008**
- () **Workshop V: Understanding Play Behavior – June 21, 2008**
- () **Workshop VI: Pharmacology and Play Therapy – August 16, 2008**
- () **Workshop VII: Diagnosis and Recordkeeping in Play Therapy – September 27, 2008**
- () **Workshop VIII: Themes and Coding in Play Therapy – October 18, 2008**
- () **Workshop IX: Art and Expressive Play Therapies – November 8, 2008**
- () **Workshop X: Parent-Child Play Therapy & Theraplay – December 6, 2008**

Return to: Division of Outreach and Continuing Studies

Attn: Mary Leach, Post Office Box 879, University, MS 38677

Questions about registration: Phone: 662-915-7847, **Fax:** 662-915-5138, **Email:** mleach@olemiss.edu

Questions about workshops: Contact Dr. Marilyn Snow at 662-915-1363, Email: mssnow@olemiss.edu

MasterCard and Visa accepted

() Enclosed you will find my check in the amount of \$ _____ payable to The University of Mississippi.

() Credit Card No. _____ Exp. Date: _____

Name as it appears on the card: _____

***I authorize the University of Mississippi to charge my credit card for the registration fee in the amount of \$ _____.**