



The Postpartum Stress Center
10-hr Postgraduate Clinical Training Program

REGISTRATION FORM

Eligibility: The training is open to masters and doctoral level professionals in the mental health field and to graduate students in accredited programs in mental health.

Name _____ Email _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ H W C
 Profession _____ Degree _____ Yr obtained _____ Yrs in field _____
 Grad student: Degree studying for: _____ Expected date of completion _____

EARLY REGISTRATION*

* must be received two months prior

REGULAR REGISTRATION FRI/SAT

Single Registrant	<input type="checkbox"/> \$900	<input type="checkbox"/> \$950
Group Discount <small>(3 or more colleagues registering in same envelope 15% discount each)</small>	<input type="checkbox"/> \$795 ea.	<input type="checkbox"/> \$835 ea.
Grad student (verification required)	<input type="checkbox"/> \$750	<input type="checkbox"/> \$775

I am paying with enclosed check CHECK NO. _____ MAKE CHECK PAYABLE TO: THE POSTPARTUM STRESS CENTER
 I am faxing registration and will mail check

I am paying with credit card (circle one)



Card Number _____ Exp Date _____ Signature _____

Payment expected at time of registration unless other arrangements are made
 Registration includes continental breakfast. Lunch on your own.

CANCELLATION POLICY: Any changes with registration must be made thirty (30) days in advance of the training date.

Option #1: 100% of fee may be transferred to a future training. This credit will expire one (1) year from the date of the original training.

Option #2: 50% refund for canceled registration with no credit toward future training.

CONTINUING EDUCATION: The PPSC training program is approved by the PA State Boards of Social Workers, Marriage & Family Therapists & Professional Counselors.

PLEASE SELECT DATES OF TRAINING

<input type="checkbox"/> September 11-12, 2009	<input type="checkbox"/> March 5-6, 2010
<input type="checkbox"/> December 4-5, 2009	<input type="checkbox"/> June 4-5, 2010
	<input type="checkbox"/> September 10-11, 2010
	<input type="checkbox"/> December 4-5, 2010

HOW TO REGISTER

Mail

Mail completed registration form to:
 The Postpartum Stress Center
 1062 Lancaster Ave, suite 2
 Rosemont, PA 19010
 Attn: PPD Training

Fax

Fax completed registration form to 610-525-3997
 Attn: PPD Training

Email

Email completed registration form to: training@postpartumstress.com Subject line: PPD Training

PLEASE COMPLETE THE FOLLOWING SO WE CAN BEST CUSTOMIZE THE TRAINING TO MEET YOUR PROFESSIONAL NEEDS.

Describe your previous or current experience with PPD related work

Please tell us what you hope to gain from this experience and how it will be useful for your practice

What do you consider your greatest professional strength?

What do you consider your greatest area of vulnerability in your work?

How did you hear of our training?

Anything else you would like us to know that would be helpful in the meeting your professional needs?

Final checklist

- ✓ Do you have directions to the PPSC? (available on website www.postpartumstress.com)
- ✓ Do you have copies of the books "This Isn't What I Expected" "The Postpartum Husband" "What am I thinking?"
Please read them in preparation for the training.
- ✓ Will you need hotel accommodation information? If Yes, please check the website for details and email the PPSC if you have concerns.
- ✓ Please include a copy of your C.V. with this registration form, if I don't already have it.
- ✓ Please make sure you have indicated the dates of the training session you are registering for.
- ✓ Do you need clarification or have any questions? Do not hesitate to call us (610) 525 7527 or email info@postpartumstress.com

Thank you for your interest in our program and I look forward to working with you.

