Center for Professional Development and Continuing Education 106 Dennis Drive

Lexington, KY 40503 ph: (859) 373-8930 fax: (859) 373-0018

Website: www.centerforprofessionaldevelopmentky.com email: info@centerforprofessionaldevelopmentky.com

Registration Form

Please mail, fax or bring in with you this form along with payment: to address/phone/fax listed above

Two Hour Workshop 2.0 or less CE hours	-	elow.		
			\$80.00	
Half Day Workshop 3.0 CE hours			\$90.00	
Full Day Workshop 6.0 CE hours (with exception below	.ow)*		\$135.00	
Clinical Individual Supervision Group 1.0 CE hour	pr	er hour	\$70.00	
Clinical Supervision Group 1 hour	_			
Private classes: EACH person: (a 6 to 8 hour class)			_	tions: \$165.00
	Three reg	gistrations: \$145	00	
(Please print)				
Name:				Degree:
Requesting CE credits: Yes No	L	icense(s) and #:		
Mailing Address:				
City, St and Zip:				
Telephone: Home ()			Mobile_	
Work ()	_Fax (_)	
E-mail:		otal amount of	navme <u>nt:</u>	
Credit Card Payment				
Credit Card Payment ☐ MasterCard ☐ Visa Card Number: Signature:				_Exp. Date:
☐ MasterCard ☐ Visa Card Number: Signature: Purchase Orders: (submit with completed regist Name of Organization/Agency: Address:	stration for	·m)		_Exp. Date:
☐ MasterCard ☐ Visa Card Number: Signature: Purchase Orders: (submit with completed regist Name of Organization/Agency:	stration for	·m)		_Exp. Date: