## Center for Professional Development and Continuing Education 106 Dennis Drive

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

**Credit Card payments and Purchase Orders also accepted. S	ee below.	
Two Hour Workshop 2.0 or less CE hours		\$80.00 (private class one to one: \$135.00)
Half Day Workshop 3.0 CE hours		\$90.00 (private class one to one: \$145.00)
Full Day Workshop 6.0 CE hours (with exception below)*		\$135.00
Clinical Individual Supervision Group 1.0 CE hour	per hour	\$70.00
Clinical Supervision Group 1.5 hour	per participant	\$52.00
Private classes: EACH person: (a 6 to 8 hour class) * One	registration \$185.0	00: Two registrations \$165.00
Three	ee registrations: \$1	<u>4500</u>
(Please print)		
Name:		Degree:
Requesting CE credits: Yes No	License(s) and	#:
Mailing Address:		
City, St and Zip:		
Telephone: Home ()		
Work ()Fax	(	)
E-mail:		
Please note the progr		
Program Title	am(s) you plan	Date(s)
Credit Card Payment □ MasterCard □ Visa Card Number: Signature:		Exp. Date:
Purchase Orders: (submit with completed registration		
Name of Organization/Agency:		
Address:		
Purchase Order #:Approved by (na	(ime):	
<b>Confirmations</b> will be sent by fax, phone, or mail. No refu		