

NYPSI Extension Course Registration Form

Name _____

Degree or Affiliation _____

Mailing Address _____

Telephone _____

Email _____

Please check one or more:

- | | |
|---|-------|
| 1. <input type="checkbox"/> Couple Therapy | \$270 |
| 2. <input type="checkbox"/> Early Childhood Loss and Creativity | \$120 |
| 3. <input type="checkbox"/> In the Fray | \$ 90 |
| 4. <input type="checkbox"/> Psychoanalytic Principles of Child Development | \$150 |
| 5. <input type="checkbox"/> Psychoanalysis and the Visual Arts | \$ 90 |
| 6. <input type="checkbox"/> Psychosomatic Pathology | \$240 |
| 7. <input type="checkbox"/> Psychoanalysis and the Theater (<i>Deposit</i>) | \$ 50 |
| 8. <input type="checkbox"/> The Mind in Conflict | \$ 50 |
| 9. <input type="checkbox"/> Psychoanalytic Psychotherapy of Cancer Patients | \$ 90 |
| 10. <input type="checkbox"/> Shared Therapy | \$ 90 |
| 11. <input type="checkbox"/> Virginia Woolf and Bloomsbury | \$120 |
| 12. <input type="checkbox"/> Psychological Assessment (per section) | \$ 60 |
| 13. <input type="checkbox"/> Psychoanalytic Themes in Jane Austen | \$150 |

Total Amount \$ _____

Method of Payment Check Credit Card

Please make check payable to *NYPSI*

Name _____

VISA AMEX MASTERCARD (circle)

Card # _____ Exp. Date _____ Sec. Code _____

Billing Address _____

I instruct NYPSI to charge my credit card in the amount of \$ _____.

Signature _____

Mail to: NYPSI, 247 East 82nd Street, New York, NY 10028