



Registration Form

“What Trauma Therapists Should Know About Panic, Phobia and
OCD:A One Day Guide to Diagnosis and Integrative Treatment”

DATE: February 28th, 2003
TIME: 9:00am – 5:00pm
LOCATION: BMW Building, in the John Jay room
555 West 57th Street, 6th floor, Room 614, NY, NY

Name: _____ Title: _____
Agency: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Fee:

Department of Health Funded rape crisis programs may send staff to this workshop at no cost. For all others, there is a \$50 fee per person. Check the box below if you have enclosed a check.

Mail or fax completed form to:

Training Coordinator
NYC Alliance Against Sexual Assault
411 West 114th Street, Suite 6D
New York, NY 10025
Fax: 212.523.4429
Phone: 212.523.5598

Important Information:

Registration for this workshop will be limited to 30 participants. A confirmation letter, including directions to the workshop location, will be sent to you when we receive your registration form. Programs are responsible for making and paying for their own transportation and accommodation arrangements. Programs may use DOH funds to cover these costs.