

## REGISTRATION FORM

Please print out, complete, and mail.

**EVENT:** Conference  Retreat  Today's Date \_\_\_\_\_

Date of Event \_\_\_\_\_ Place of Event \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Occupation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip

Phones: H \_\_\_\_\_ W \_\_\_\_\_

Email \_\_\_\_\_

Meal Preference: \_\_\_\_\_ Regular \_\_\_\_\_ Vegetarian

\_\_\_\_ I am an MFT or LCSW and would like CEU's. License: \_\_\_\_\_

Pay by check or money order (In US dollars, please)

Pay by Charge Card (In US):

VISA

MASTERCARD

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

Card Mailing Address (If different from address above)

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Please mail the completed form to: **Sufi Psychology Association**  
9965 Horn Road, Suite C  
Sacramento, CA 95827



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