

Northern Rockies Psychoanalytic Institute

nrpi.net
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Spring 2013 Registration

Name of student:	Professional credential, or degree in progress:
Address:	City, State, ZIP:
Phone:	Email address:

Tuition: Please enclose your check with registration including a \$50 registration fee, plus a \$50 late fee if registration is post-marked after September 15th.

	Course	Instructor	Times/Dates	Fee
_____	Critical Elements of a Family Clinic	Joseph Scalia III	1:00 – 2:30 PM, Thursdays, beginning February 14 for 12 sessions	\$500

Total of fees assessed and paid:	Note: Add \$50 for a general registration fee. There is a \$50 late fee if you register after February 14, 2013.
Name of Training Analyst:	Number of Hours/Frequency completed:
Name of Supervisor:	Number of Hours/Frequency Completed:
Signature of student:	Date registration form completed: