



Seating is limited so register early by calling toll-free 1-888-892-2638, fax your registration to 1-858-292-2666, or mail to 7901 Raytheon Road, San Diego, CA 92111-1606

Save money by attending multiple days!

	1 Day	2 Days	3 Days	* At-Door
Non-Member	\$160	\$310	\$450	Add \$30 to registration fee
Clinical/Associate	\$140	\$270	\$380	
Prelicensed	\$110	\$200	\$280	

*Registrations faxed, postmarked, given over the phone, or internet after 10/10/08 for the Oakland series (October 17 – 19, 2008), 10/31/08 for the Los Angeles Series (November 6 – 8, 2008) will be charged the additional at-door fee.

Refund Policy: Request for full refund must be in writing and received by CAMFT prior to the day of the event. A \$25 administrative fee will be deducted from each registration. You will receive a confirmation of your registration if your registration is postmarked a week in advance of the scheduled event.

Treating Children and Adolescents in Blended Families: Clinical and Legal Issues	Emotionally Focused Couples Therapy (EFT): An Attachment Approach to Relationship Issues
<input type="checkbox"/> Oakland: October 17, 2008 <input type="checkbox"/> Los Angeles: November 9, 2008	<input type="checkbox"/> Oakland: October 18, 2008 <input type="checkbox"/> Los Angeles: November 7, 2008
The Role of Therapists in Chronic Pain Management	Helping Those who Hurt Themselves: Understanding and Treating Self-Injury
<input type="checkbox"/> Oakland: October 17, 2008 <input type="checkbox"/> Los Angeles: November 7, 2008	<input type="checkbox"/> Oakland: October 19, 2008 <input type="checkbox"/> Los Angeles, November 8, 2008
Counseling Children and Adolescents: Using Play To Reach the Soul	Men and Women Sexually Acting Out – Assessment and Treatment
<input type="checkbox"/> Oakland: October 18, 2008 <input type="checkbox"/> Los Angeles: November 8, 2008	<input type="checkbox"/> Oakland: October 19, 2008 <input type="checkbox"/> Los Angeles: November 9, 2008

Name _____

CAMFT Member ID Number _____ License Number and Type of License _____

Daytime Phone _____ Fax _____ Email Address _____

Credit Card Number _____ Expiration Date _____

Amount \$ _____

Signature _____