

Turning Point Counseling Services, Inc. Workshop Registration Form

\$80 per workshop - Total Cost: _____

- 03/19/10 Brain, Behavior and Pharmacology - Understanding How Medications Work
- 04/23/10 Legal and Ethical Issues in Supervision (Ethics or Supervision)
- 05/21/10 Practical Assessment Tools to Assist in Diagnosing, Treatment Planning and Outcome Evaluation
- 06/18/10 ADHD - Etiology, Diagnosis and Treatment with Adults and Children

Registrant Information (Please Print)

Name (as it is to appear on certificate) _____ Degree _____

License: PC PCC LSW LISW License Number(s) SW _____ CNS _____

Street _____

City/State/Zip _____

Phone (Day) _____ (Evening) _____

Email address _____

Payment should be made to: *Turning Point Counseling Services, Inc.*

For payment by Visa or Mastercard credit card (no debit cards), please complete the following or call 330 744-2991

Name as it appears on card _____ Expiration Date _____

Card Number _____ 3-Digit Security Code (Back of card) _____

Registration and payment should be sent to:

Turning Point Counseling Services, Inc.
Attn: Amanda French
611 Belmont Ave.
Youngstown, OH 44502

Or

Fax 330 744-2971

Payment may be made on the day of the workshop

Payment will be refunded or credited to future workshops if you are unable to attend

Facilities are handicapped accessible. Please contact Ms. French if special accommodations are required

For further information contact Amanda French afrench@turningpointcs.com 330 744-2991 x106 or

go to www.williamrooney.com