

FAX NUMBER: +81 422-33-3655

Mailing address:
Institute for Advanced Studies of Clinical Psychology,
International Christian University
3-10-2, Osawa, Mitaka-shi, Tokyo, 181-8585, JAPAN

2nd International Training Workshop for Psychotherapy

Registration Form

2007/3/19

NAME:

DEGREE (BA, MA, PhD /Major):

SEX: M/F

ADDRESS:

ZIP:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

OFFICE:

PHONE NUMBER:

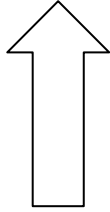
STATUS:

WORKSHOP REGISTRATION:

Please check the box you would like to participate.

- One-Day Workshop
- Farewell Party

COMMENTS:



FAX NUMBER: +81 422-33-3655

Mailing address:
Institute for Advanced Studies of Clinical Psychology,
International Christian University
3-10-2, Osawa, Mitaka-shi, Tokyo, 181-8585, JAPAN

13th Annual Conference of International Associations of
Dynamic Psychotherapy
Registration Form
2007/3/20-21

NAME:

DEGREE (BA, MA, PhD /Major):

SEX: M/F

ADDRESS:

ZIP:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

OFFICE:

PHONE NUMBER:

STATUS:

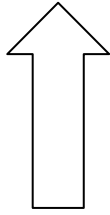
CONFERENCE REGISTRATION:

Please check the box you would like to participate.

- 2 Days Conference
 Reception Party (Fee \$50)

Attention: Payment is full required at the time of visit.

COMMENTS:



FAX NUMBER: +81 422-33-3655

Mailing address:
Institute for Advanced Studies of Clinical Psychology,
International Christian University
3-10-2, Osawa, Mitaka-shi, Tokyo, 181-8585, JAPAN

International Workshop for Safe Space and Conviviality

Application Form

2007/3/23-26

NAME: _____ Date of Birth: _____ Age: _____ SEX: M/F

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

OFFICE: _____ PHONE NUMBER: _____

STATUS: _____

MOTIVATION: Please write your motivation that you participate in this group freely.

OTHERS: _____

How did you hear of this program?

1. Introduced or refers by; (name of the person: _____)
2. Other (_____)

Have you ever received psychotherapy or any other psychological service?

1. Yes (Name of the organization: _____ Period: _____)
2. No

Which methods would you prefer for you to get in touch with you?

1. FAX
2. E-mail

If you have any special instruction for calling, Please indicate below.

(_____)