

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 Training Workshop for Psychotherapy (ITWP)

Registration Form 2006/3/11-13 (page1)

NAME:	DEGREE (BA, MA, PhD/ Major):	SEX: M/F

ADDRESS:		ZIP:

PHONE NUMBER:		FAX NUMBER:

E-MAIL ADDRESS:		

OFFICE:		PHONE NUMBER:

STATUS:		

TRAINING/ CLINICAL EXPERIENCE (Style, Main Trainer/ Supervisor)
WORKING/ PRACTICE EXPERIENCE (Place, Style, Period)
GROUND THEORY OF PSYCHOTHERAPY

LUNCH/ PARTY/STUDY TOUR

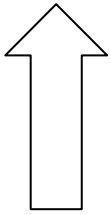
Please check the box you would like to have/ participate. There is few restaurants around Hawai'i Convention Center, so we recommend you to order lunch now.

Lunch (March 11 th): US\$16.00		Lunch (March 12 th): US\$16.00	
Psychodynamic Dinner (March 11 th): US\$40.00		Study Tour (March 13 th)	

Is it OK for you that your mailing and e-mail addresses would appear on our participants' list?

YES

NO



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Registration Form 2006/3/11-13 (page2)

ACADEMIC ADVISOR/ SUPERVISOR'S NAME:

ACADEMIC ADVISOR/ SUPERVISOR'S AFFILIATION:

ACADEMIC ADVISOR/ SUPERVISOR'S SIGNATURE:

RECOMMENDATION LETTER (if not attached in other form)
