

UCLA PEERS[®] Training Seminar Registration Form

UCLA PEERS[®] Clinic
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Plaza, Suite 1268
Los Angeles, CA 90095-6967

UCLA Semel Institute - Los Angeles, CA

Phone: 310-267-3377
Fax: 310-267-0378
www.semel.ucla.edu/peers
Email: peersclinic@ucla.edu

Please complete all required fields for your registration to be processed (* = required)

Please select the following training dates to attend*:

- February 24-26, 2016
 May 18-20, 2016

Registration Fee

Training Seminar Fee: \$2,200.00

**please see refund/cancellation policy listed below*

Attendee Information

First Name*:
Last Name*:

Degree*:
License Number:
State Licensed:

Professional Affiliation*

*(*please include title, organization, and if trainee: please specify school, degree program, and current year in school)*

Address*
City*:
Zip/Postal Code*: State/Province*:
Country:

Phone*:
Email Address*

How did you hear about us?

Why would you like to attend the training?

How do you plan to utilize the information provided during the training?

Payment Information

The fee to attend this 3-day training seminar is \$2,200 USD per person to be paid in advance. Due to limited enrollment we need to process and approve all registration forms before we obtain your payment information. All forms submitted via E-MAIL or FAX will be processed for approval within 4-5 business days in the order that they are received.

Approved attendees will be sent a confirmation via e-mail that will include a link to pay securely online using VISA, Mastercard or American Express. **Payment must be received within 30 days of registration approval.**

Payment must be received before your enrollment is finalized.

Cancellation/Refund Policy

- All refunds requested in advance of the dates listed below will be assessed a **\$150 administrative fee**.
- February 2016 Training: Please request a refund before 5PM PST on October 16, 2015
- May 2016 Training: Please request a refund before 5PM PST on January 15, 2015
- We regret that we cannot give refunds after the dates listed above. Refunds should be requested by e-mail to peersclinic@ucla.edu.
- An e-mail confirming we have received your cancellation notice will be sent from peersclinic@ucla.edu.
- No refunds or credits are given to registrant "no-shows".

How to Submit Registration Form

To submit this form via e-mail: Save a copy and email it to peersclinic@ucla.edu or eveytsman@mednet.ucla.edu

To submit this form via fax: Print the form and fax to UCLA PEERS® Training Seminar at 310-267-0378.

To submit this form via mail: Complete the form and mail it to:

UCLA PEERS® Clinic
300 UCLA Medical Plaza, Suite 1268
Los Angeles, CA 90024