



2010 "3 Courses in 3 Cities" Series

\$69 per course (by Aug. 15)
\$84 per course (after Aug. 15)

Date: _____

Home Ph () _____

Cell Ph () _____

Email _____

Name _____

Address _____

Name on ID tag _____

License information fields: PY, SS, LCSW, LMHC, LMFT, ARNP, RN, Other, License Number, Second License Number

CANCELLATIONS:

Informed "All cancellations must be made in writing and must be postmarked 14 days prior to the course to receive a refund." (Postmark or email message)

Confirmation and receipt emailed, mailed, faxed on _____

- \$69 for 5 credit hours (by Aug. 15)
- Morning coffee included
- Lunch on your own
- Parking not included
- Hours: 8:00 am Registration, 8:30-11:30 Morning session, 11:30-1:00 Lunch on your own, 1:00-3:00 Afternoon session

Mail registration form and check to T.W.I.C.E. Educational Services, Inc., 6725 Island Creek Road, Sarasota, FL 34240

GAINESVILLE— Hilton U of FL Conference Center 1714 SW 34th St, Gainesville

August 27, 2010

Introduction to Rapid Resolution Therapy Jason Quintal, Ph.D., LCSW

November 18, 2010

Empowering Your Patients: 10 Things They Need to Learn from You Drs. Chris Cortman and Harold Shinitzky, Psy.D.

November 19, 2010

Bob's Boxes: The Disease and the Cling-ons Robert Piper, LMHC

ORLANDO— Hilton Orlando 6001 Destination Pkwy, Orlando

September 9, 2010

Bob's Boxes: The Disease and the Cling-ons Robert Piper, LMHC

September 28, 2010

Empowering Your Patients: 10 Things They Need to Learn from You Drs. Chris Cortman and Harold Shinitzky, Psy.D.

October 15, 2010

Introduction to Rapid Resolution Therapy Jason Quintal, Ph.D., LCSW

MIAMI— Miami Airport Marriott 1201 NW LeJeune Road, Miami

September 16, 2010

Empowering Your Patients: 10 Things They Need to Learn from You Drs. Chris Cortman and Harold Shinitzky, Psy.D.

September 17, 2010

Introduction to Rapid Resolution Therapy Jason Quintal, Ph.D., LCSW

October 1, 2010

Bob's Boxes: The Disease and the Cling-ons Robert Piper, LMHC

Note: _____ TOTAL DUE \$ _____

PAID BY: Cash _____ Check # _____ Date of Check _____ Credit Card _____

Check one: MC _____ Visa _____ Card # _____ / _____ / _____ / _____

Expiration Date: _____ / _____ Last 3 digits on back of card (Security Code) _____

NAME AS IT APPEARS ON THE CARD: _____

Signature _____

Date: _____