

The Professional Training Program in Expressive Arts Therapy

APPLICATION

Please type or print clearly

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Highest degree earned: _____

Phone: (H) _____ (W) _____ email: _____

Date of Birth: _____ Sex: Female Male

How did you hear about the training? _____

What do you imagine the training will be like? _____

What is your background in art, academic education, psychology, and personal therapy? There are no right answers to this question. It is only to get a sense of where you are now in these areas. _____

How would you like to apply the training to your life? _____

Please use back side of page if additional space is needed.

Expressive Arts Training Registration Form

Choose the one enrollment agreement that works best for you.

_____ I wish to enroll in The Professional Training Program. The cost of Tuition is \$_____
I have enclosed full payment.

_____ I wish to enroll in The Professional Training Program. The cost of tuition is \$_____
I am agreeing to make twelve (12) payments of \$_____. Payable by the 1st of each
month. A late fee of \$25.00 is due if payment received after the 15th of the month.

A deposit of \$597 is required to register for the Professional Training Program. Deposits are non-refundable.

Once the program has begun you are responsible for the entire cost of the program.

My signature indicates my intention and commitment to complete The Professional Training Program. I understand that there are no refunds for classes missed. Arrangements may be made to make-up for work missed at the instructor's discretion.

The Instructor retains the right to ask any individual to leave the training who is unable or unwilling to maintain the ground rules of the training.

Signature of Applicant: _____

Application and payment may be mailed to:

Jane Goldberg, Ph.D.
2033 Port Bristol Circle
Newport Beach, CA 92660

Payment By: Check ___ Visa ___ Mastercard ___
Card# _____ Exp. Date: _____

Signature of Cardholder: _____

Please make checks payable to: Jane Goldberg, Ph.D.