THE BOSTON PSYCHOANALYTIC CIRCLE OF THE FREUDIAN SCHOOL OF QUÉBEC & LESLEY UNIVERSITY GRADUATE SCHOOL OF ARTS AND SCIENCES

REGISTRATION FORM

Listening for the Unconscious: The Lacanian Psychoanalytic Experience
Two Clinical Days ~ March 1-2, 2013

Directions: *Please fill out one registration form per person. For more information, please click the "Conferences/Events" link on www.lesley.edu/continuing-education or contact Beth Chambers at 617.349.8833 or echambe5@lesley.edu.*

Participant's Name: _____

Mailing Address: _____

Phone number(s): _____

Email: _____

Registration Fees:

	Postmarked by February 1, 2013	**Postmarked after February 1, 2013**	***Please Note*: After Wednesday, February 27, 2013** *pre-registration will be closed and you will be able to register upon arrival at the conference.*
General Public	☐ $225	☐ $250	
Students	☐ $100	☐ $120	

Total Payment Enclosed: $_____
Payment Type: ☐ Credit card authorization form (see second page)
☐ Check (made out to "Lesley University")
***Sorry, we do not accept cash.*

CE Units: Please contact Beth Chambers at echambe5@lesley.edu for status of Psychologist, Social Worker, and Licensed Mental Health Counselor (LMHC) continuing education units.

Cancellation policy: There is a 100% refund if 2 week's notice is given and a 50% refund if less than 2 week's notice is given, prior to 12:00noon the day before the start of the conference. After 12:00pm the day before the conference, there is no refund given.

Submitting Registration

- *By phone*: Please call Beth Chambers at 617.349.8833 to complete the registration form and credit card authorization process over the phone. Please have your credit card ready.
- *By mail*: Please mail the completed registration form with enclosed check (made out to "Lesley University") or credit card authorization form to: Beth Chambers, Lesley University, 29 Everett Street, Cambridge, MA 02138
- *By FAX*: Please fax the completed registration form and credit card authorization form attention Beth Chambers to 617.349.8820. This is a confidential fax machine.

THE BOSTON PSYCHOANALYTIC CIRCLE
OF THE FREUDIAN SCHOOL OF QUÉBEC

&

LESLEY UNIVERSITY
GRADUATE SCHOOL OF ARTS AND SCIENCES

CREDIT CARD AUTHORIZATION FORM

Listening for the Unconscious: The Lacanian Psychoanalytic Experience
Two Clinical Days ~ March 1-2, 2013

Participant's name: _____

Participant's phone number: _____

Name on Credit Card: _____

Total Amount to Charge: $ _____

Card Type:
- ☐ Visa
- ☐ MasterCard
- ☐ Discover
- ☐ American Express

Credit Card Number: _____

Expiration Date: _____

Cardholder Signature: _____ Date: _____

Bank debit cards typically have a daily withdrawal limit.
Please check with your bank regarding your debit card daily limit.

Office use only:

General Ledger number _____
Department name _____
For: (postage, fees, etc.) _____
Date: _____