

# Group Therapy for Sexual Offenders Registration Form

**Moreen Fried**

*November 13, 2009*

*Please print or type clearly*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

Method of Payment

Check

Visa

MasterCard

Amount Paid \$ \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. date

\_\_\_\_\_  
3 Digit Security Code

\_\_\_\_\_  
Signature

Send **Registration Form** and **Payment** to:  
Center for Behavioral Health Research & Services  
P.O. Box 241626  
Anchorage, AK 99524-1626  
<http://bhhs.uaa.alaska.edu>  
**Fax:** (907)561-2895

**Questions or Registration by Phone:**

Contact: Rachel V. Boschma-Wynn  
(907)561-2880  
[asrvw3@uaa.alaska.edu](mailto:asrvw3@uaa.alaska.edu)

**Workshop Rates**

- ◆ Professional Rate: **\$75** (includes 6 CEs)
- ◆ Full-time Student Rate: **\$40** (must have ID)
- ◆ Groups of four (4) or more will receive a discount of **\$15** per person.
- ◆ Registration after **November 6th** will incur an additional charge of **\$25**

**Cancellation Policy**

Workshop cancellations must be received **14 days** prior to the event to receive a refund.

**Early Registration Ends November 6th**