



ONLINE CONSULTATION CLASS

June 19 • July 17 • August 14 • September 18 • October 16 • November 6

Name (as you want it on your name badge) _____ please print

Street Address _____

City _____ State / Province _____

Zip/Postal Code _____ Country _____

Daytime Phone _____ Fax _____

Email Address _____ University Attended _____

University Major _____ Highest Degree only _____

Professional License # _____

I am registering for the ONLINE SUPERVISION CLASS, scheduled for the following dates:

- June 19 with Jeff Zeig
- July 17 with Jeff Zeig
- August 14 with Lilian Borges
- September 18 with Brent Geary
- October 16 with Lilian Borges
- November 6 with Brent Geary

I am enclosing \$ _____ to participate in the Online Supervision Class.

Personal/Company Check # _____ (Please make check payable to Erickson Foundation)

Credit Card (Please check on of the following:) Visa MasterCard Discover American Express

Credit Card Number: _____ Exp Date _____ CVV _____

Billing Address, Zip/Postal Code _____ Billing Address Phone Number _____

Name _____ Signature _____
(As it appears of card)



For more information contact Teresa at the Milton H. Erickson Foundation
602-956-6196 / 877-212-6678
Or email: teresa@erickson-foundation.org

Cancellation Policy

Requests for refunds MUST BE IN WRITING and are subject to a \$50 administrative fee. Full refunds, less the service charge, will be made if the request is postmarked one week before the first class.