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### Instructions

1. Print this form, complete the registration information.
2. Mail your cheque payable to ICEEFT to address shown above, or to pay by Visa or MasterCard, fill in information and either mail to address shown above or fax to 613-722-0250. Include this form.

### Registrant Information:

Name \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

### EVENT:

- EFT 4-day Externship, Ottawa (date:Sept,2010) \$950.00

Total: \$\_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Note:** This form recognizes that you are paying for the above events(s). **YOU WILL BE REGISTERED FOR EACH EVENT UPON RECEIPT OF PAYMENT.** Training Events are run by the Ottawa Couple and Family Institute Inc. in association with The International Centre for Excellence in Emotionally Focused Therapy.