

**Registration - Group Teleconference for
Consultants in Training**

Name: _____

License Title (EG: LPC, Psy.D etc)_____

License Number: _____

Address:_____

Phone (most reachable) _____

E-mail: _____

**Online registration and payment, and our Cancellation Policy can be found on
our website at**

www.clearpathtrainingcenter.com/Events

Register online or Mail completed registration form, with payment, to

**ClearPath Healing Arts Center
3835 North Falls Road
Burdett, NY 14818**

Contact Andrew on (607) 703 0510 or Seuberta@mac.com

Package Fees:

\$200.00

Amount Enclosed: \$ _

Make checks payable to

ClearPath Healing Arts

And mail to -

3835 North Falls Road

Burdett NY 14818

***or register online at our secure
website.***

www.ClearPathTrainingCenter.com

*For further inquiries contact Rose on
607 703 0510 or*

Info@clearpathtrainingcenter.com