

CLINICAL TRAINING IN THE PSYCHOLOGICAL TREATMENT OF CHILDREN WITH TRAUMA-ATTACHMENT PROBLEMS

WITH DANIEL HUGHES PHD

REGISTRANT'S INFORMATION

Full Name: _____

Name on Certificate: _____

Organization/Agency: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

PROFESSIONAL INFORMATION

Nature of current practice/prior experience: _____

_____ Degree: _____

TRAINING SELECTION

Level 1 - (Max. Attendance – 18)

8:00 am – 1:30 pm EST via Zoom

☐ Online: May 20 – 24, 2024

☐ Online: July 8 – 12, 2024

Level 2 - (Max. Attendance – 15)

8:00 am – 1:30 pm EST via Zoom

☐ Online: April 8 – 12, 2024

☐ Online: June 17 – 21, 2024

Date and location of your Level 1 training: _____

PAYMENT OPTIONS

☐ **Credit Card via PayPal** (an invoice from PayPal will be emailed once registration is received)

☐ **Check/Money Order:** payable to Daniel Hughes Ph.D. (in US funds, issued by a bank with a US branch)

Please include training dates and registrant initials in the memo space if not printed on the check

☐ **Wire Transfer** (\$20 USD banking fee per transfer)

☐ Bill my organization/agency at this email address: _____

Registration Fee: \$750 USD – a minimum \$200 USD deposit must be paid to reserve your place, the balance will be due in full one month prior to the training start date.

* 20% discount for any organization/agency with at least 3 members attending.

(Please alert us as soon as possible if you have a group planning to attend in the event the training is nearly full)

COURSE INFORMATION

CONTACT US

Mailing Address: Daniel Hughes PhD
28 Lewis Point Rd.
Damariscotta, ME 04543
USA

Email: dhughes202@gmail.com

CEU INFORMATION

This training is eligible for up to 26 CEUs pending your state board's authorization. A certificate of completion, course outline, and copy of Dan's resume will be provided to you for their consideration. If your board requires additional items for their approval please let us know.

CANCELLATIONS

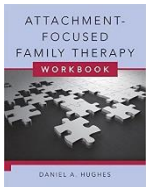
Should you need to cancel your registration please notify us as soon as possible at dhughes202@gmail.com:

- If notified within 30 days of the training start date, your deposit will not be refunded.
- If notified more than 30 days before the training start date, half of the deposit will be refunded.

Daniel Hughes reserves the right to cancel or postpone any training due to insufficient enrollment or other unforeseen circumstances. If the training is canceled or postponed, all registrants will be notified at the contact options provided to us and a full refund will be issued.

RECOMMENDED READING

Attachment-Focused Family Therapy Workbook by Daniel A. Hughes



Available at www.amazon.com and www.amazon.co.uk

LEVEL 2 REGISTRANTS

This training is open to clinicians who have attended the Level 1 Training or its equivalent. Everyone is encouraged – but not required – to present one video of their work.

SPECIAL DISCOUNT

Receive 20% off all DVDs offered on Dan's website (www.danielhughes.org) once you register for a DDP training.