



| <b>EARLY CHILDHOOD MENTAL HEALTH CERTIFICATE – WORKSHOP 4</b><br>Dyadic Treatment: Supporting Parent-Young Child Interactions (March 16, 2012) |                               |                               |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|---------------------------------|
| First Name                                                                                                                                     |                               | Last Name                     |                                 |
| Credentials (PhD, PsyD, MSW, etc.)                                                                                                             |                               | License # and/or State ID     |                                 |
| Mailing Address                                                                                                                                |                               |                               |                                 |
| Email                                                                                                                                          |                               |                               |                                 |
| City                                                                                                                                           |                               | State                         | Zip                             |
| Telephone                                                                                                                                      | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Office |
|                                                                                                                                                |                               |                               |                                 |

| <b>FEES:</b>                                                                           |                                                                   |                               |                                                                                                                                                                            |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                        | Full Day: 6 Credits                                               | Half Day: 3 Credits*          | * Generally, mornings lay the groundwork, while afternoons emphasize practical applications. Afternoons build on morning foundations; there is no "afternoon only" option. |
| <b>Alumni Chapter Members</b>                                                          | <input type="checkbox"/> \$135                                    | <input type="checkbox"/> \$85 |                                                                                                                                                                            |
| <b>Widener Alumni</b>                                                                  | <input type="checkbox"/> \$145                                    | <input type="checkbox"/> \$90 |                                                                                                                                                                            |
| <b>Total</b>                                                                           |                                                                   |                               |                                                                                                                                                                            |
| <b>Please add the amount in the column and write in on this line.</b>                  | \$                                                                | \$                            |                                                                                                                                                                            |
| <b>Form of Payment</b>                                                                 |                                                                   |                               |                                                                                                                                                                            |
| <input type="checkbox"/> Check or Money Order (in mail, payable to Widener University) |                                                                   |                               |                                                                                                                                                                            |
| <input type="checkbox"/> Credit Card                                                   | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |                               |                                                                                                                                                                            |
| <b>Account #:</b>                                                                      |                                                                   | <b>SEC #:</b>                 |                                                                                                                                                                            |
| <b>Name as it appears on card:</b>                                                     |                                                                   | <b>Expiration Date:</b>       |                                                                                                                                                                            |

**Refund Policy:**

You may transfer 100% of your registration fee to another program within the 2011-2012 Continuing Education Workshop schedule, provided you notify the Post-Graduate Center at least 7 days prior to the workshop. Participants who cancel a course and do not apply their fee to another program will be granted a 50% refund. Participants who do not advise the Post-Graduate Center office in advance of their absence or notify us less than 7 days prior to the workshop for which they are registered will forfeit 100% of their fee. The Post-Graduate Center reserves the right to substitute an appropriate speaker for a given program without notice in the event of rare extenuating circumstances. If a program must be cancelled by the Post-Graduate Center due to inclement weather or other unforeseen circumstances, full refunds will be granted. There is a \$10 fee to replace lost or stolen CE certificates. Contact Blaine Wilson at 610-499-1083 for replacement CE certificates.

**FAX: 610-499-4369**

**MAIL: University College, Widener University, One University Place, Chester, PA 19013**