

# CEU Professional Training Registration Form

**Titles:** Assessment, Treatment and Therapy for Eating Disorders  
**Date:** June 11, 2009 9 a.m.—12 p.m.

## Fax Registration Forms to: (210) 521-7278

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

## Method of Payment and Payment Amount

**Checks Accepted for Registration by Mail Only  
Make Checks Payable To: The Rape Crisis Center**

**Mail Registration To: The Rape Crisis Center  
7500 West U S Highway 90 #201  
San Antonio, Texas 78227**

**Please Circle:**      VISA      American Express      MasterCard      Discover

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Card Verification Number:** \_\_\_\_\_ (located on the back of the card – 3 digit #)

**Name As It Appears On Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Indicate Amount Due:**

Session Fee \$35

**Workshop includes materials and continental breakfast provided**