

Skill Enrichment Series

“Behind the Curtain”

The Myth of Therapist Anonymity – Clinical and Ethical Implications

Thursday, April 30th, 2020

REGISTRATION FORM

- Cost:**
- \$150.00
 - Please make checks payable to: **MHCGM**
 - MHC-GM Category 1 and Category 2 employees may attend free of charge.

Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM

ATTN: Charlene Kach, Continuing Education

2 Wall Street

Manchester, NH 03101

Tel: 603-854-8384 / Fax: **603-792-6965**

E-MAIL: kachchar@mhcgm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Required for confirmation & directions

Registration fee in the amount of \$ _____ Master Card Visa

Credit Card #: _____ CCV code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

NEED CREDIT CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE:

Date Received by MHC-GM: _____

Reservation #: 005589-

To register and pay online by credit card: <https://www.mhcgm.org/events/>

Remember, need to use credit card billing address.