



2017 PROFESSIONAL TRAINING SERIES

REGISTRATION FORM

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|---|---|
| <input type="checkbox"/> <i>Friday, April 21, 2017</i>
Bouncing Back: Rewiring the Brain for Resilience and Well Being
~ Linda Graham, MA, LMFT
<i>Registration Deadline: April 12, 2017</i> | <input type="checkbox"/> <i>Friday, June 2, 2017</i>
Understanding the Impact of Trauma and Poverty on Families: Risk, Resilience and Intervention
~ Laurel J. Kiser, Ph.D, M.B.A.
<i>Registration Deadline; May 24, 2017</i> |
| <input type="checkbox"/> <i>Friday, August 18, 2017</i>
Proven and Effective Play Therapy Strategies with Children and Adolescents for All Ages
~ Christine Frydenborg Dargon, Ph.D.
<i>Registration Deadline: August 9, 2017</i> | <input type="checkbox"/> <i>Friday, October 13, 2017</i>
Sacred Stress: A Radically Different Approach to Using Life's Challenges for Positive Change
~ George Faller, MS, LMFT
<i>Registration Deadline: October 5, 2017</i> |

Workshop Location: Grand Wayne Conference Center, 120 West Jefferson Blvd., Fort Wayne, IN 46802

Workshop Fee: \$110 per registrant per workshop or \$90 for four or more registrations submitted together from the same organization for any of the workshops above..

Please complete all sections below:

Full Name (please print):

Degree / Credentials:

Address:

City:	State:	Zip:
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Organization / Employer:

Work Address:

City:	State:	Zip:
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Work Phone:	Cell or Home Phone:
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Email Address:

Method of Payment (*Make checks payable to Park Center, Inc. Mail payment with registration form to: Fran Howard, Workshop Registrar, Park Center, Inc., 909 East State Blvd., Fort Wayne, IN 46805*)

Amount Enclosed \$ _____

Charge to: Mastercard Visa Mastercard/Visa Debit Card Discover AMEX

Charge Card #:	CVV Code (3 digit on back or card or AMEX is a 4 digit on front of card):	Exp. Date:
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Cardholder Name (*please print*):

Cardholder Address:	Zip:
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Signature:	Date:
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Please indicate continuing education credit desired:

<input type="checkbox"/> American Psychological Association	<input type="checkbox"/> American Social Worker Board	<input type="checkbox"/> Indiana Law Enforcement Training Board	<input type="checkbox"/> Indiana State Psychology Board – HSPP	<input type="checkbox"/> IN – Licensed Clinical Social Worker (LCSW)	<input type="checkbox"/> IN – Licensed Social Worker
<input type="checkbox"/> IN – Licensed Mental Health Counselor & Associate (LMHC/LMHCA)	<input type="checkbox"/> IN – Licensed Addiction counselor & Clinical (LAC/LCAC)	<input type="checkbox"/> IN – Marriage and Family Therapist & Associate (LMFT/LMFTA)	<input type="checkbox"/> NAADAC – The Association for Addiction Professionals	<input type="checkbox"/> National Board for Certified Counselors	<input type="checkbox"/> State of Ohio CSWMFTB (approved for counselors & social workers)