



2019 MPTI Summer Play Therapy Bootcamp

Registration Form due **April 9th***

Registration fee \$489 (does not include lodging)

Make checks payable to The Counseling Source and mail to:

10921 Reed Hartman Hwy #133

Cincinnati, OH 45242

1. Name of Payer: (if different from attendee) _____

2. Name of Attendee: _____

3. Attendee's Full Mailing Address: (please include city, state & zip code) _____

4. Attendee's Email: _____

5. Attendee's Phone: (_____) _____ - _____

6. Attendee's Employer: _____

7. Attendee's Professional Title: _____

8. Attendee's Type of License: _____

9. How did you learn about MPTI Bootcamp? _____

10. What is the attendee's primary purpose in attending Bootcamp?

11. Please list any special needs or accommodations that the attendee may have at Bootcamp? _____

*Paper registrations must be postmarked by **April 9th**. Online registrations will be available until **May 26th**.

Amount Enclosed: \$ _____