

Intensive Summer Study Programs 2017 Registration Form

Name_____

Address_____

City/State/Zip_____

Daytime telephone_____

Email address_____

NYS License Number for SW or LP (if applicable) _____

I wish to attend Intensive Program 1

I wish to attend Intensive Program 2

I cannot attend this year, but please keep me on your mailing list

Enclosed is my check for \$350 per person per session
(payable to the C.G. Jung Foundation of NY)

Please charge \$350 per person per session to my credit card:

Visa MasterCard

*Visa and MasterCard card holders may register by phone,
call (212) 697-6430.*

Credit card number:_____

Expiration date:_____

Signature: _____

I understand that my registration in this study program shall be deemed to be my consent to the terms and conditions stated in this brochure.

Signed: _____

Date: _____

Please return this application to:

**Office of the Executive Director
C.G. Jung Foundation of New York
28 East 39th Street
New York, NY 10016.**