

Summer Study Program 2021 Registration Form

_____ I am attending all 5 sessions (\$650).

_____ I am attending the following single-day sessions (\$150 per session):

____ Monday, July 12; ____ Tuesday, July 13; ____ Wednesday, July 14;

____ Thursday, July 15; ____ Friday, July 16.

Name _____

Address _____

City/State/Zip _____

Daytime telephone _____

Email address _____

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

I wish to attend this Summer Study Program

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

Enclosed is my check for \$150 per person per session for ____ sessions.
(payable to the C.G. Jung Foundation of NY)

Enclosed is my check for \$650 per person for 5 sessions
(payable to the C.G. Jung Foundation of NY)

Please charge \$150 per person per session to my credit card for ____ sessions.

Please charge \$650 per person for 5 sessions 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 on the C.G. Jung Foundation website.

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.
cgjungny@aol.com
Fax: 212-953-3989