

ST. OLAF SPRING PSYCHOLOGY CONFERENCE

Treating Anxiety Disorders in children and Adolescents

April 10 -11, 2008

CONFERENCE REGISTRATION

Name

Organization

Address

City/State/Zip

Email

Day Phone

Special Needs

My primary profession is

Social Work

Psychology

Marriage and Family

Other _____

FEE

Fee includes tuition and handouts. Lunch is not included.

\$ 230 Early registrations postmarked on or before March 10, 2008

\$ 255 Registrations postmarked after March 10, 2008

\$ 290 On-site registration

PAYMENT OPTIONS

Enclosed is my check for \$ _____

Charge _____ to my credit card:

Visa

MasterCard

Discover

Card Number _____

Exp. Date ____/____

Name as it appears on the card

Authorized Signature

SEND REGISTRATION TO

Conferences and Events
St. Olaf College
1520 St. Olaf Ave.
Northfield, MN 55057-1098
Or fax to 507-786-3690

CANCELLATION POLICY: The registration fee will be refunded if a written request is received by February 15, 2008 (post, fax or email). An administrative fee of \$25 will be retained on refunds. No phone cancellations will be accepted. Substitutions are accepted.
events@stolaf.edu