



AMERICAN PSYCHOLOGICAL ASSOCIATION  
EDUCATION DIRECTORATE

2009 Clinician's Corner Workshop Enrollment Form

Please Print Clearly

Name \_\_\_\_\_  PhD  PsyD  EdD  Other \_\_\_\_\_  
(Last) (First) (MI)

APA MEMBER?  YES, # \_\_\_\_\_  NO

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE DAYTIME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ARE YOU A PSYCHOLOGIST?  YES  NO IF YES, IN WHAT STATE? \_\_\_\_\_

WORKSHOP DATE	WORKSHOP TITLE	FEE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL ENCLOSED OR TO BE CHARGED TO YOUR CREDIT CARD		\$ _____

METHOD OF PAYMENT

- 1) CHECK—DRAWN ON A U.S. BANK IN U.S. DOLLARS TO "APA." CHECK # \_\_\_\_\_
- 2) CREDIT CARD (COMPLETE INFORMATION BELOW IN FULL.)

I AUTHORIZE APA TO CHARGE MY WORKSHOP FEE(S) TO MY CREDIT CARD AS LISTED BELOW.

CREDIT CARD:  AMERICAN EXPRESS  MASTERCARD  VISA  
 ACCOUNT# \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_  
 CARDHOLDER NAME \_\_\_\_\_  
 (Last) (First) (Mi)

PHONE DAYTIME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CREDIT CARD BILLING ADDRESS (ONLY IF DIFFERENT FROM ABOVE)  
 STREET ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL TO:**  
 APA ACCOUNTING/CEP OFFICE  
 CLINICIAN'S CORNER ENROLLMENT  
 750 FIRST STREET, NE  
 WASHINGTON, DC 20002-4242

**FAX TO:**  
 (202) 336-6151

For APA accounting use only:  
4200-40136-MGR-CMTYWS