

**LSUHSC Child & Family Counseling Clinic**

**Fall 2019 Professional Seminar Series 3.0 CEU hours/workshop 9am-12:15pm; 1-4:15pm**

**\$60/Workshop for Professionals & \$55/Workshop for Students (with ID)**

**\$70/Late Registration for Professionals/ \$65 Late Registration for Students (with ID)**

**LSUHSC 411 S. Prieur Street, Room 309, New Orleans, LA 70112 (504) 556-3453 [CFCC@lsuhsc.edu](mailto:CFCC@lsuhsc.edu)**

*\*Registration must be paid in full by and received (via mail/person) by the Friday prior to the workshop. Week of or Walk-in registrations will be charged \$70 for professionals, \$65 for students.*

DISCOUNTS AVAILABLE!!! Registrants who register in groups of 3+ will receive a 10% discount for each person in the group. Registrants who register for 3 workshops at a time will be eligible for a 10% discount off the total for the workshops. Only one discount will apply per person per registration. You may receive a discount each time you register. Payments must be made in full.

*\*A minimum of 5 participants MUST be registered by the Friday before the seminar in order for the workshop to be conducted. Registration and payment must be made by Friday of the week before of the workshop.*

**Make Payments (checks, cash, or money order only) in exact change if paying with cash. Checks are payable to  
LSUHSC and mail to:**

**LSUHSC Child & Family Counseling Clinic 411 S. Prieur Street, room 307 New Orleans, LA 70112**

*\*Paid parking available on the street or the S. Roman Street Garage on S. Roman Street across from St. Joseph's Church.*

**Registrant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_**

**Email: \_\_\_\_\_**

Workshop #1 \_\_\_\_\_ Workshop #2 \_\_\_\_\_ Workshop #3 \_\_\_\_\_

Workshop #4 \_\_\_\_\_ Workshop #5 \_\_\_\_\_ Workshop #6 \_\_\_\_\_

Workshop #7 \_\_\_\_\_ Workshop #8 \_\_\_\_\_ Workshop #9 \_\_\_\_\_

Workshop #10 \_\_\_\_\_ Workshop #11 \_\_\_\_\_ Workshop #12 \_\_\_\_\_

**\*\* Payments made by check/money order must be mailed into the LSUHSC Child & Family Counseling Therapy Clinic (See mailing address above). Payments made by cash must be hand delivered to the Clinic.**

**\*\*\* When registering as a group, all registration information will be placed on hold until all persons in the group submit their registration information. If the entire group's registration information is not received by Wednesday of the week of the workshop, the individual(s) who have submitted registration information will be charged the full fee. Registration forms do NOT need to be mailed in as a group.**

Please email this form to [cfcc@lsuhsc.edu](mailto:cfcc@lsuhsc.edu) or fax the form to (504) 556-7540.

**Credit Card: Visa or MasterCard \_\_\_\_\_**

**Credit Card # \_\_\_\_\_**

**Name (as it appears on credit card) \_\_\_\_\_**

**Exp. Date \_\_\_\_\_ CID \_\_\_\_\_ Billing Address zip code: \_\_\_\_\_**

**Amount to be Charged: \$ \_\_\_\_\_ Signature for Authorization \_\_\_\_\_**