



Centre for Treatment of Sexual Abuse and Childhood Trauma

Voices of Trauma Therapists: Different Perspectives/Different Experiences

Student Registration Form

Title: Dr. Mr. Mrs. Miss. Ms.

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: () _____ Alternate Phone: () _____ Fax: () _____

Email Address: _____

Please add me to your mailing list to receive future updates and newsletters

Please check off each lecture you would like to attend:

- Integrating Models of Ego-State Functioning (Jan-29-07)
- Treating Addictions While Treating Trauma: The Perilous Balance (Feb-26-07)
- Embracing the Emptiness Within (Mar-26-07)
- Trauma and Intimate Relationships (April-30-07)
- Basics of Psychotropic Medication (May-28-07)
- Relational Healing: Using Transference and Counter-transference in the Treatment of Trauma (Sep-24-07)
- Sexual Addictions and EMDR (Oct-29-07)
- "Doctor, Why Can't You Help Me?": Trauma, Dissociation and Physical Symptoms (Nov-26-07)

Total = _____ Lectures @ \$25 each = \$ _____

I have enclosed my check or money order for the above total payable to **Centre for Treatment SACT**

Mail to: Centre for Treatment SACT
203 MacLaren St
Ottawa, ON K2P 0L4

If you have any questions, please contact us at (613) 233-4929 or email us at centrefortreatment@yahoo.com