**Greater Philadelphia Area Counseling Association**



**With the PA Counseling Association Present:**

***Transformative Healing, Recovery, and Trauma***

***Sensitive Care Symposium***

**February 23, 2019**

**Jefferson University: East Falls**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration:**

* PCA/GPACA Member $50
* Non-Member $60
* PCA/GPACA Student Member $25
* Non-Member Student $30

**TOTAL: $\_\_\_\_\_\_\_\_\_\_\_**

**Dietary Restrictions: (please specify)**

**Physical Restrictions: (please specify)**

**Payment (select one):**

\_\_\_ Check (**Please make all checks payable to: PCA)**

\_\_\_ Purchase Order (Submit a copy of the PO with this application) FEI: 23-7388393

\_\_\_ Credit Card (MasterCard or Visa Only)

Card Number \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code (3-digit # on back of card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions about membership:** Contact PCA at 918-994-4413 or info@pacounseling.org

**Remit to: PCA Membership, 305 N. Beech Circle, Broken Arrow, OK 74012**

Fax: (918) 663-7058 (if using a Purchase Order, please include a copy with your form)

**Cancellations in Writing:** must be received by February 18, 2019 for full refunds. Notices received after February 18th will not receive a refund. Requests must be sent to info@pacounselig.org.