

Colorado Sandplay Therapy Association (CSTA)

<http://www.sandplaytherapy.org>

info@sandplaytherapy.org

Registration Form

Date: _____

Name: _____ Degree/License: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (work): _____ (cell): _____

Name of practice: _____

Agency: _____

Student at: _____

Registering for: _____

Workshop Rates:

participant	\$140
member	\$120
student	\$90

Practicum Rates:

participant	\$75
member	\$65
student	\$50

Please send this form to CSTA. Include check payable to CSTA or pay online with paypal.

Mail:

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Fort Collins, CO, 80546
Fax: 970-484-6866
Email: info@sandplaytherapy.org