



International Society of
Schema Therapy

Registration Form: Schema Therapy Consultation/Supervision Group for the Treatment of Enmeshment and the Undeveloped Self

Participant's Name: _____

Postal Address: _____

Phone Number: _____

Mobile Number: _____

E-Mail Address: _____

Discipline:

LCSW Masters Level Counselor Psychologist

Psychiatrist Other (specify) _____

Licensed: Yes No

State/Country: _____

Years in Professional Practice: _____

Current Place of Employment: _____

Post-Graduate Training / Certifications: _____

Certified in Schema Therapy: Yes _____ No _____ In Process _____

Your Experience with Schema Therapy: _____

Payment: \$200 / 4 Sessions

For Sessions: (please check off)

___ Mondays: January 23, February 20, March 27, and April 17th, 2023.

7:00 AM – 8:30 AM, EST (please register/pay by January 9th, 2023)

- ___ Check enclosed – made payable to Jeff Conway, LCSW

- ___ PayPal payment JCONWAYNY@GMAIL.COM (wire transfer also available)

If payment by check please make payable to / send to:

Jeff Conway, LCSW
352 7th Avenue
Suite 1604, Room C
New York, NY 10001
USA

YOU MAY ALSO...

EMAIL REGISTRATION FORM TO: JCONWAYNY@GMAIL.COM

Required: Please put an X in the boxes below and add your name and date on the line indicated. If you will be using fax or postal mail, please sign on the line. If you will be applying by email, please *type* your name and date, or use an electronic signature.

I understand that space is limited, and the consultation/supervision group is only financially feasible based on the guarantee of a minimal number of accepted participants. Therefore, I understand, once my application is accepted and monies have been paid, there will be no reimbursements or refunds under any circumstances. I will receive a recording of all sessions, including those I may miss. **By placing an X in the box above -- and by typing or signing my name and the date on the lines below -- I am accepting these terms as a binding agreement.**

Type or Sign Your Name

Date