

**Cognitive Behaviour Therapy Training**

**Registration Form:**

**Day One: Introduction to CBT – Thursday 1st November 2018**

**Day Two: Intermediate CBT – Friday 2nd November 2018**

Please type your details into the following fields, save, and email back to [office@acts.co.nz](mailto:office@acts.co.nz) as an attachment. Thank-you.

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| --- | --- |
| **Your Details** |  |
| First Name |  |
| Last Name |  |
| Phone |  |
| Email Address |  |
| Postal Address – street |  |
| Postal Address – town |  |
| Postal Address – city |  |
| Postal Address – postcode |  |

|  |  |
| --- | --- |
| **Invoicing Details** | Please leave blank if same as above |
| Organisation Name (If applicable) |  |
| Attention (If applicable) |  |
| Phone |  |
| Email Address |  |
| Postal Address – street |  |
| Postal Address – town |  |
| Postal Address – city |  |
| Postal Address – postcode |  |

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| **Booking** | Please type YES for your choice of day/s |
| Day One: Introduction (Cost: $220 + GST) |  |
| Day Two: Intermediate (Cost: $220 + GST) |  |

**Enquiries:** Please contact Abacus office on 09 360 6957 or [office@acts.co.nz](mailto:office@acts.co.nz)