

REGISTRATION FORM

Basic Training Course in Family Systems Theory

■ **Intake Information:**

Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Email: _____

Cell Phone: _____

Home Phone: _____

■ **Tuition: \$400.00**

Please make your check out to C.F.S.T. or The Center for Family Systems Theory and mail it to:

Dr. Robert J. Perelli, CJM
The Center for Family Systems Theory
1088 Delaware Avenue, Suite 9G
Buffalo, New York 14209