

**Registration form  
Advanced Clinical Practice Certificate Program  
Fall 2009 & Spring 2010**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

*Please check the appropriate session/s you will be attending:*

**Putting Attachment Theory into Practice with Children, Teens, Parents:  
Advances in Treatment Approaches....with Krista Nelson**

Oct 10, Oct 24, Nov 7, Nov 21, 2009                      **\$ 250.00**

**You Can't Make Me: Work with Involuntary Clients ...with Mike Chovanec**

Jan 8, Jan 15, Jan 22, Jan 29, 2010                      **\$250.00**

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

**Check payable to: ACPCP - University of St. Thomas**

**Please return completed form to:  
Pam Kilpatrick  
School of Social Work  
St. Catherine University/University of St. Thomas  
2115 Summit Avenue SCB 201  
St. Paul, MN 55105**