

Long Island Center for Modern Psychoanalytic Studies

Registration Form

Name: _____

Address: _____

Phone: _____ Email: _____

Name of Workshop: _____

Date of Workshop: _____ Fee: _____

Please print form and submit with your check to:

LICMPS

81 Wooleys Lane

Great Neck, NY 11023

For additional information call (631) 670-6247