

The Wisconsin School of Professional Psychology

6737 W. Wahington Street, Suite 3355
West Allis , WI 53214
414-464-9777

Registration for Ethics Seminar

NAME_____

DEGREE (please choose one option):

___Psy.D.

___Ph.D.

___M.A.

___M.S.

___B.A.

___B.S.

___Other (please be specific) _____

PROFESSION (please choose one option)

___Psychologist

___Master's Level Therapist

___Researcher

___Student

___Other (please be specific) _____

STREET ADDRESS:_____

CITY:_____

STATE:_____

ZIP:_____



EMAIL:_____

TELEPHONE:_____

SPECIAL NEEDS (Specify):_____

REGISTRATION FEE (please choose one option):

Fee includes continental breakfast, lunch, and materials

___$15 WSPP Student

___$25 WSPP Faculty

___$60 WSPP Alum & Other Students

___$160 Professionals

___ Total Enclosed

Please make check payable to WSPP

Mail registration form and payment to:

Jodi Rollinger

Wisconsin School of Professional Psychology

6737 W. Washington Street, Suite 3355

West Allis, WI 53214

Call 414-464-9777 for additional information or questions