

Enroll Now

OFFLINE REGISTRATION FORM

Please print and fill out the form below:

Please select the course you are taking:

Course Name	Reg. Price	NASW Member	AMHSEC Members
AMHC101- Treating Eating Disorders	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC201 - Groups: Leading Psychotherapy Groups	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC301 - Spirituality and Social Work: Working Together	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC401 - Managing in a Managed Care Environment	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC501 - Helping Older Adults and Their Families Cope with Change	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC601 - Couples Therapy	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC701 - Domestic Violence	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC801 - Psychotherapy of Career Crises: The Psychodynamic Meaning of Work Problems	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
AMHC901 - Recognizing and Treating Substance Abuse in Mental Health and Social Service Settings	<input type="checkbox"/> \$70	<input type="checkbox"/> \$60	<input type="checkbox"/> \$56
Total	\$ <input type="text"/>		

Please choose a username and password to access the classes once you are enrolled:

*Login:

*Password:

Fill out your personal information:

*First Name:

Middle Name

*Last Name:

Suffix

*Address:

*City:

*State:

*Zip:

*Country:	<input type="text"/>
*Telephone:	<input type="text"/>
Fax:	<input type="text"/>
*E-mail:	<input type="text"/>
Agency Affiliation:	<input type="text"/>
Job Title:	<input type="text"/>
NASW Membership #:	<input type="text"/>
State in which you are licensed:	<input type="text"/>

Fill out Payment Information:

Payment Method: Credit Card Check

If card, please fill out the form below, if check please enclose check or money order and mail to:

JBFC

Attn: AMHSEC/Antonia Barba
 135 West 50th Street, 6th Floor
 New York, NY 10020

Credit Card Information:

*Type of card:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
*First name as it appears on card:	<input type="text"/>
*Last name as it appears on card:	<input type="text"/>
*Account Number:	<input type="text"/>
*Expiration date(month/year):	<input type="text"/> / <input type="text"/>