

Alabama Association for Play Therapy

Please complete this form for postal mail registration.

| Workshop Title: |
|--|
| Name: |
| Address: |
| City/State/Zip: |
| Phone: |
| Email: |
| License(s) Type: |
| Amount Enclosed: \$ |
| Mail this form with a check payable to: |
| Alabama Association for Play Therapy (AAPT) Katie McKeen 210 Bowling Green Drive Montgomery, AL 36109. |

For QUESTIONS about this workshop contact:

Heather Hardeman (205) 222-0728 or HeatherHardeman@Gmail.com

For REGISTRATION questions contact:

Katie McKeen (334) 303-1468 or McKeenCPA2010@Gmail.com

To register online, visit our website at www.alabamaplaytherapy.org and sign up to receive emails from AAPT so you can stay up-to-date with all future news and announcements from AAPT! Also, "Like" us on Facebook Page.

FOR GROUPS OF 3 + REGISTRATION, PLEASE LIST NAMES AND EMAILS OF ALL REGISTRANTS ON THE BACK OF THIS FORM.