

*Western New England Psychoanalytic Society  
Course Registration*

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Course(s) & tuition:**

PLEASE NOTE: Tuition for residents, students, and trainees is \$50 per course, with the possibility of fee reduction if needed. (Fees are not intended to discourage interested trainees. Please apply to Ms. Rodems for a fee reduction if you wish to take a course but cannot afford the fee.)

Please indicate if you are a resident, student, or trainee: \_\_\_\_\_

#1 \_\_\_\_\_ Tuition \$ \_\_\_\_\_

#2 \_\_\_\_\_ Tuition \$ \_\_\_\_\_

#3 \_\_\_\_\_ Tuition \$ \_\_\_\_\_

**Subtotal:** \_\_\_\_\_

**CME/CEU credit:**

Add \$20/course for certificate.

CME/CEU Credit fees: \_\_\_\_\_

Circle: CME (medical) or CEU (social work)

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

*Return with check (payable to WNEPS) to:*

WNEPS Continuing Education  
255 Bradley Street  
New Haven, CT 06510

*Questions?*

Contact Ms. Anne Rodems at 203.562.2103 or [arodems@wneps.org](mailto:arodems@wneps.org)