



# Malaysian Psychology Centre

## Centre of Excellence for Personal & Corporate Growth

Certificate In Expressive Therapies With Adult Clients:  
Emotion-Focused, Client-Centred & Transpersonal Approaches

Venue: **Crystal Crown Hotel, Petaling Jaya**  
Time: **9:00am – 5:00pm**

### REGISTRATION FORM

I wish to register for the following Workshop Session(s):-  
(Please (✓) where applicable)

**Module 1** : 13th to 14 March, 2009  
"Exploring Emotions"

**Module 2** : 16 to 18 April, 2009  
"Moving Beyond Old Patterns -  
Family of Origin Work"

**Module 3** : 19 to 21 June, 2009  
"Individuation and Differentiation -  
Making Sense of Self"

**Module 4** : 23 to 25 July, 2009  
"Focus on Transpersonal and Prenatal  
Influences"

**Module 5** : 26 to 28 September, 2009  
"Integrative Practices and Enhancing

Full Name : \_\_\_\_\_ (Please Print)

Gander : Male  Female

I/C Number (New) : \_\_\_\_\_

Address (Hse) : \_\_\_\_\_

(Off) : \_\_\_\_\_

Contact : (H/Ph) : \_\_\_\_\_ (Hse) : \_\_\_\_\_

(Off) : \_\_\_\_\_ (Fax) : \_\_\_\_\_

Email : \_\_\_\_\_

Method Of Payment (Please (✓) where applicable)

Cash :  Cheque No: \_\_\_\_\_ Payable to "**Malaysian Psychology Centre Sdn. Bhd.**"

Credit Card No : \_\_\_\_\_ Name On The Card : \_\_\_\_\_

Visa  Master Expiry Date \_\_\_\_\_ Security Number : \_\_\_\_\_ (3 digits)

Deposit in to Company's **Maybank Account No: 514-11454-2267**

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

#### Note :

\* Please fax the completed form to Fax No. 03-7980 3841 to reserve your seat(s)  
Full payment must be received together with the original Registration Form. For enquiries,  
please call : Ms Diana at Tel No. : 03-7982 4424