

**Intensive Summer Study Programs 2016**

**Registration Form**

(2 pages, both needing your signature)

Name\_\_\_\_\_

Address\_\_\_\_\_

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

Daytime telephone\_\_\_\_\_

Email address\_\_\_\_\_

I wish to attend Intensive Program 1

I wish to attend Intensive Program 2

I cannot attend this year, but please keep me on your mailing list

Enclosed is my check for \$350 per person per session  
(payable to the C.G. Jung Foundation of NY)

Please charge \$350 per person per session to my credit card:

Visa     MasterCard

Visa and MasterCard card holders may register by phone,  
call (212) 697-6430.

Credit card number:\_\_\_\_\_

Expiration date:\_\_\_\_\_

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

I understand that my registration in this study program shall be deemed to be my consent to the terms and conditions stated in this brochure.

Signed: \_\_\_\_\_

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

Please return this application to:

Office of the Executive Director  
C.G. Jung Foundation of New York  
28 East 39th Street  
New York, NY 10016.