



Intensive Summer Study Programs 2009

**Intensive Program 1, July 5–10, 2009:
Hope and Promise: The Soul of the Child**

**Intensive Program 2, July 12–17, 2009:
Dark Forces of the Psyche: All in the Family**

Intensive Program 1: Quantity: _____ @ \$ 975.00 = _____

Intensive Program 2: Quantity: _____ @ \$ 975.00 = _____

SUBTOTAL = _____

Less 10% if attending both sessions = _____

Foundation membership fee: _____ @ \$ 75.00 = _____
(if not currently a member)

Total Fees : _____

Deposits of \$350 per person per session are required to confirm your reservation.
The balance of payment is due no later than July 2, 2009.

- I cannot attend this year, but please keep me on your mailing list.*
 I am interested in receiving NAAP Continuing Education Credits for these programs.
 Please send information about hotel accommodations

Please complete your name and address information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Day Tel: _____ Eve Tel: _____

Cell Tel: _____ Email: _____

Foundation Membership I.D. #: _____

Payments must be made by check, money order, U.S. bank draft, international money order, or credit card (MasterCard or Visa). U.S. currency only. Credit card orders may be called in to 212-697-6430 or faxed to 212-953-3989. There will be a cancellation fee of \$200 per person on all cancellations received on or before July 1, 2008. No refunds after July 1, 2008. Only cancellations made in writing will be deemed valid.

Disclaimer of Responsibility: By registering for this program the seminar member specifically waives any and all claims of action against the C.G. Jung Foundation and its staff for damages, loss, injury, accident, or death due to negligence on the part of any organization or employee providing services included in this Summer Study Program. Registration in this study program shall be deemed to be your consent to the terms and conditions stated in the program brochure.

- Check enclosed, payable to the C. G. Jung Foundation, for \$350 per person per session.
 Please charge \$350 per person per session to my credit card: MasterCard Visa

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature: _____

Mail completed form with payment to: **C. G. Jung Foundation, 28 East 39th Street, New York, NY 10016**