

Summer Study Program 2025 Registration Form

____ I am attending all 5 sessions (\$395).

____ I am attending the following single-day sessions (\$90 per session):

____ Monday, July 14; ____ Tuesday, July 15; ____ Wednesday, July 16;

____ Thursday, July 17; ____ Friday, July 18.

Name _____

Address _____

City/State/Zip _____

Daytime telephone _____

Email address _____

NYS License Number for SW or LP or CAT (if applicable) _____

Enclosed is my check for \$90 per person per session for _____ sessions.
(payable to the C.G. Jung Foundation of NY)

Enclosed is my check for \$395 per person for 5 sessions
(payable to the C.G. Jung Foundation of New York)

Please charge \$90 per person per session to my credit card for _____ sessions.

Please charge \$395 per person for 5 sessions 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 on the C.G. Jung Foundation website.

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**