

## Summer Study Program 2026 Registration Form

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

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

\_\_\_\_ Monday, July 20; \_\_\_\_ Tuesday, July 21; \_\_\_\_ Wednesday, July 22;

\_\_\_\_ Thursday, July 23; \_\_\_\_ Friday, July 24.

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**