

Please circle your area(s) of specialty/interest:

Adolescents	Affective Disorder	Alcohol/Drug Abuse	Children
Chronic Illness	Couples	Depression	Divorce
Eating Disorders	EMDR	Families	Gay/Lesbian Issues
Immigrant Families	Parenting Issues	Post-Trauma Stress	Sexual Abuse
Sex Therapy	Support Groups	Trauma	Violence/Phys Abuse

Languages in which you are fluent: _____

Fee Range _____ to _____ YES NO I accept insurance.

Type of insurance accepted (list all): _____

Modalities: _____ Couples _____ Families _____ Individuals _____ Group

ACKERMAN INSTITUTE ALUMNI DUES: \$60

Option 1: Pay by Check

- Alumni Dues:	\$ 60
- Additional Contribution	\$ _____
- Total Amount	\$ _____

Please make your check payable to the Ackerman Institute for the Family

Option 2: Pay online and make a donation to Alumni Dues.
We will still need your information so please mail in your registration form.

Option 3: Pay by Credit Card

____ Visa ____ Mastercard ____ American Express

- Alumni Dues:	\$ 60
- Additional Contribution	\$ _____
- Total Amount	\$ _____

Credit Card Number: _____ Exp. Date _____ Sec. Code _____

Name as it appears on Card: _____

Authorized Signature: _____

THE ACKERMAN INSTITUTE IS COMMITTED TO GOING PAPERLESS IN THE FUTURE
SO PLEASE BE SURE TO INCLUDE YOUR EMAIL ADDRESS (ES)!
WE WANT TO STAY IN TOUCH WITH YOU!