Practice Essentials for Treating Eating Disorders

Sponsored by the Eating Disorders Coalition of Tennessee

Registration Form
February 26, 2010

Participant Information

Name & Credentials (as they will appear on nametag):

_____

Address 1: _____

Address 2: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

How did you hear about this workshop?

_____

Cost of Registration (check one)

REGISTRATION DEADLINE IS FEB. 19, 2010.

Register before Feb 12, 2010, and receive a $25 discount.

_____ $100 for Professionals*
($75 if you register before Feb. 12)

_____ $75 for graduate students*
($50 if you register before Feb. 12)

*The registration fee includes a 4-month free membership to the Eating Disorders Coalition of Tennessee (EDCT) for all non-EDCT members.

Payment Type

___ Check

Please make your check payable to Jill Baker, PhD

Please Note:

- Registration fees are non-refundable.
- Any registration information will be sent after payment is received.

Mail this form and fees to:

Jill Baker, PhD
4015 Hillsboro Pike, Suite 211
Nashville, TN 37215

Questions?

Contact Dr. Jill Baker at jillbaker1@bellsouth.net or (615) 476-4024.