



June 21-August 27, 2010

June 21-25

5th Ortho Symposium Adolescence: Development, Treatment & Community
Mona Lisa Schulz The Intuitive Advisor

June 28-July 2

George McCloskey Child and Adolescent Executive Dysfunction
Pat Ogden A Psychology of Action: The Role of the Body in Clinical Practice

July 5-9

Ann Weiser Cornell Inner Relationship Focusing
James Spira Zen, Mindfulness, and Therapy
Robert Marshak Hidden Barriers to Organizational Change

July 12-16

Frederick Miller & Judith Katz Inclusion for Performance Breakthroughs
Richard Schwartz Internal Family Systems Workshop
Edward Hallowell Life Span ADHD: A Strength-Based Approach

July 19-23

Bessel van der Kolk Frontiers of Trauma Treatment
Harville Hendrix IMAGO: A Theory and Therapy of Couplehood
Ross Greene Collaborative Problem Solving for Kids

July 26-30

Aureen Wagner User Friendly CBT for OCD
Francine Lapidés Keeping the Brain in Mind
Edgar Schein HELPING: Its Role in Consulting

August 2-6

Edith & Charles Seashore Skills for Consulting, Coaching and Change
Elkhonon Goldberg Clinical Neuropsychology of Executive Dysfunction
Joseph Sestito Brief Cognitive and Eriksonian Solutions for Children & Adolescents

August 9-13

Roger Schwarz Group Facilitation
Patricia Allen Art, Therapy and Nature
Margaret Blaustein Treating Complex Childhood Trauma

August 16-20

Janina Fisher Healing Broken Bonds: Traumatic Attachment and Affect Dysregulation
Barry Magid Sitting Still: With Oneself and Others
Amy Weintraub LifeForce Yoga: Empower Your Clients to Manage Their Moods

August 23-27

Deborah Korn Ego Strengthening & Resource Development for Trauma Survivors
Margaret Wheatley & Angela Blanchard Leaders For The Storm: Wisdom

*A summer-long series of
timely, lively week-long
CE courses offered by
master teachers*

2010 Registration Form

- | | | | |
|------------------------------------------|----------------|------------------------------------|--------------|
| <input type="checkbox"/> Ortho Symposium | June 21-25 | <input type="checkbox"/> Wagner | July 26-30 |
| <input type="checkbox"/> Schulz | June 21-25 | <input type="checkbox"/> Lapidés | July 26-30 |
| <input type="checkbox"/> McCloskey | June 28-July 2 | <input type="checkbox"/> Schein | July 26-30 |
| <input type="checkbox"/> Ogden | June 28-July 2 | <input type="checkbox"/> Seashore | August 2-6 |
| <input type="checkbox"/> Cornell | July 5-9 | <input type="checkbox"/> Goldberg | August 2-6 |
| <input type="checkbox"/> Spira | July 5-9 | <input type="checkbox"/> Sestito | August 2-6 |
| <input type="checkbox"/> Marshak | July 5-9 | <input type="checkbox"/> Schwarz | August 9-13 |
| <input type="checkbox"/> Miller/Katz | July 12-16 | <input type="checkbox"/> Allen | August 9-13 |
| <input type="checkbox"/> Schwartz | July 12-16 | <input type="checkbox"/> Blaustein | August 9-13 |
| <input type="checkbox"/> Hallowell | July 12-16 | <input type="checkbox"/> Fisher | August 16-20 |
| <input type="checkbox"/> van der Kolk | July 19-23 | <input type="checkbox"/> Magid | August 16-20 |
| <input type="checkbox"/> Hendrix | July 19-23 | <input type="checkbox"/> Weintraub | August 16-20 |
| <input type="checkbox"/> Greene | July 19-23 | <input type="checkbox"/> Korn | August 23-27 |
| | | <input type="checkbox"/> Wheatley | August 23-27 |

Name _____ Degree _____

Address _____
(please print)

City _____ State _____ Zip _____

E-Mail _____ Phone _____

Profession:

- | | | | |
|-------------------------------------------------------|--------------------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> HR/OD Management | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Check box if you |
| <input type="checkbox"/> Other Physician | <input type="checkbox"/> Counselor | <input type="checkbox"/> Nurse | have previously attended |
| <input type="checkbox"/> Marriage/Family
Therapist | <input type="checkbox"/> Other Health Profession | <input type="checkbox"/> Psychologist | the Cape Cod Institute |
| | <input type="checkbox"/> Other (specify) _____ | | |

\$595 for one course (**\$545** prior to March 1) and **\$450** for each additional course attended by the same person. **\$495** for Full-time Graduate Students and Resident Physicians certified by their institutions. **\$595** for Ortho Symposium. (**\$395** for Ortho members).

Enclosed is a check for \$ _____

Charge my credit card: Mastercard VISA American Express

Card # _____ exp. date _____
month/year

Signature _____

To Register by Mail:

Make check payable to and mail to:
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