

## Registration Form for Sandplay Therapy Institute

• Name \_\_\_\_\_

• Address \_\_\_\_\_

• E-mail \_\_\_\_\_

• Home Phone \_\_\_\_\_ • Work Phone \_\_\_\_\_

• Please provide copies of your license, malpractice insurance face sheet and CV/resume.

• On a separate sheet, in 250 – 300 words maximum, please write a personal statement describing your experience with sandplay training and process to date. In addition, tell us about your professional interests and experiences and what you hope to gain from this training.

• Are you an Associate member of STA? YES  NO

• Are you an STA Sandplay Practitioner? YES  NO

• Have you completed your personal sandplay process with an STA Clinical Member? YES  NO

• Have you begun a Sandplay process with an STA Clinical Member? YES  NO

With whom? \_\_\_\_\_

If not, when do you plan to start?

\_\_\_\_\_  
\_\_\_\_\_

Do you need assistance connecting with an STA Clinical Member? YES  NO

• If you are a Professional in training, please provide a copy of your degree and answer the following questions:

• What field of mental health are you pursuing? \_\_\_\_\_

• Who is supervising you at this time? \_\_\_\_\_

• When do you expect to be licensed? \_\_\_\_\_

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**First Full Year – \$1,600**

**Weekends 1 to 4**

- April 9–11, 2010            Fundamentals of Sandplay – \$500
- May 21–23, 2010            Jungian Theory – \$500
- September 10–12, 2010    Understanding the Sandplay Therapy Process – \$500
- October 15–17, 2010        The Language of Symbols – \$500

**Second Full Year – \$1,600**

**Weekends 5 to 8**

- April 8–10, 2011            Sandplay with Children – \$500
- May 20–22, 2011            Sandplay with Adults – \$500
- September 16–18, 2011    Complex Clinical Explorations in Sandplay Therapy – \$500
- October 14–16, 2011        Living Reality of the Psyche – \$500

Deposit            Due with application. \$400 for one year. \$150 for single classes.  
Balance is due two months before class.

CE Fee                    \$20 per weekend.

Credit Card (MasterCard and VISA only) Amount to be charged \$ \_\_\_\_\_

Name on the card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_  
(3–digit number on back of card)

Billing address for card \_\_\_\_\_

Coordinated by Lucia Chambers with Regina Driscoll, Patricia Dunn–Fierstein,  
and Gita

Morena. For more information please contact Lucia Chambers at  
[LuciaAC@aol.com](mailto:LuciaAC@aol.com)

Please mail two completed copies of complete registration materials along with  
deposit to:

**STA – Institute**  
**PO Box 4847**  
**Walnut Creek, CA 94596 USA**

The Sandplay Therapy Institute does not discriminate on the basis of race, gender, creed, national and ethnic origin, or sexual orientation.