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Professional Training Associates, Ltd.

Presents

Snatching Victory from the Jaws of Defeat: Improving the Outcome of Your Most Challenging Cases

with

SCOTT D. MILLER, PH. D.

November 5th, 2008
Raleigh, North Carolina

November 6th, 2008
Roanoke, Virginia

Register on-line at www.ptaltd.com
Or call (757) 877-2933
for more information
Fax registration to (757)257-3915

CO-SPONSORED BY:

- The National Association of Social Workers - North Carolina Chapter
- Addiction Professionals of North Carolina
- North Carolina Association for Marriage and Family Therapy
- Virginia Association for Marriage and Family Therapy
- Virginia Juvenile Justice Association
- Virginia Community and Residential Care Association
- Virginia Rehabilitation Association

Professional Training Associates, Ltd.
P.O. Box 1282
Grafton, Virginia 23692

Mental Health Workshop with
Scott Miller, Ph.D.
Coming To Your Area Soon!
CE Credits Available

PLEASE CHECK WHICH WORKSHOP YOU PLAN TO ATTEND.

_____ RALEIGH, NC – NOVEMBER 5TH, 2008 _____ ROANOKE, VA – NOVEMBER 6TH, 2008

PLEASE CHECK WHICH RATE APPLIES:

_____ \$99 Early Registration
 _____ \$89 Full Time Student Rate (Please bring Student I.D.)
 _____ \$89 Association Membership of sponsors – must register by October 29th, 2008
 _____ \$119 Late Registration – after October 29th, 2008 *see below
 _____ \$ 89 Group Rate X _____ # of participants**see below

*In order to receive the rates listed above, Registration must be postmarked, emailed or faxed with Payment guarantee i.e., check, Purchase Order Number, or credit card number by **October 29, 2008**
NO EXCEPTIONS.
**Groups of 5 or more from the same agency are entitled to \$10 discount per participant. Groups must pay with ONE form of payment at the same time. Please indicate group discount on registration form.
Groups must register together. Groups must register by October 29, 2008 to receive discount.

_____ **\$10 CE CERTIFICATES** – If you are purchasing CE credits, please add \$10 to your registration fees.
Please check certificate type: _____ Social Worker _____ Psychologist/ Psychiatrist _____ MFT _____ LPC _____ CSAC _____ Other

_____ **TOTAL DUE** (A limited number of scholarships are available, please contact us at info@ptaltd.com for details.)

(Accommodations will be made for persons with disabilities on request by emailing, info@ptaltd.com)

PAYMENT INFORMATION:

_____ Check enclosed payable to **Professional Training Associates**

_____ Purchase Order # _____

_____ Bill My Master Card/Visa/American Express/Discover

Card # _____ Expiration Date _____ 3-Digit Code (on back of card) _____

Cardholder Signature _____

Name/Title (please print) _____

Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ email _____

Register on-line at www.ptaltd.com

Send Completed Registration & Payment To:
PROFESSIONAL TRAINING ASSOCIATES, LTD.
P.O. BOX 1282, GRAFTON, VA. 23692
PHONE (757) 877-2933 FAX (757)257-

Important:
There will be a \$20 cancellation fee per registrant.
No refunds after October 22, 2008.
There will be a \$20 charge for returned checks.

Confirmation only via email.

WALK-INS ALWAYS WELCOME

