



Registration Form

Title of Course: Supporting the Grieving Mother (5 hours)

Name _____ Date: _____

Address: _____

Company affiliation or name of practice : _____

Phone number(s): _____ alternate #: _____

Best time to call: _____ am _____ pm Email: _____

Name as you would like for it to appear on your certificate: _____

How are you paying for this course: _____ Paypal _____ personal check _____ money order
_____ credit card _____ company check _____ free course

Please help us to improve our services by answering the following questions.

What is your ethnic background? _____

Gender: _____ female _____ male

How did you hear about the Sakhu School of Psychology? _____ email _____ physical mail advertisement

_____ LinkedIn _____ Facebook _____ other (please specify)

Please list any professional organizations that you belong to: (1) _____

(2) _____ (3) _____

What most interested you in the Sakhu School of Psychology? _____ Specialty in African-Centered Education

_____ Emphasis on Cultural Competency _____ Respect for gender balance in curriculum / course offerings

_____ Free Continuing Education Credits _____ other (please specify)

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