



Wisconsin School of Professional Psychology, Inc.

9120 W. Hampton Avenue, Suite 212
Milwaukee, WI 53225
414-464-9777

Registration for Inclusion Committee Seminar

NAME _____

DEGREE (please choose one option):

___ Psy.D.

___ Ph.D.

___ M.A.

___ M.S.

___ B.A.

___ B.S.

___ Other (please be specific) _____

PROFESSION (please choose one option)

___ Psychologist

___ Master's Level Therapist

___ Researcher

___ Student

___ Other (please be specific) _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL: _____

TELEPHONE: _____

SPECIAL NEEDS (Specify): _____

REGISTRATION FEE (please choose one option):

Lunch (on your own)

- ☐ \$10 WSPP, MATC, & all other students
- ☐ \$50 WSPP, MATC Faculty & WSPP Alums
- ☐ \$75 Professionals
- ☐ Total Enclosed

Please make check payable to WSPP

Mail registration form and payment to:

Hydiza Hassan

Wisconsin School of Professional Psychology

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Call 414-464-9777 for additional information or questions