UCLA PEERS[®] Virtual Bootcamp Registration Form

Virtual Boot Camp via YouTube

Please complete all required fields for your registration to be processed (* = required)

Please select the following training dates to attend*:

Virtual Boot Camp

Attendee Information

Р

First Name*: Last Name*:					Registration Fee Bootcamp Fee: \$500.00			
	Please i				*please see refund/cancellation policy listed below			
rofessional Af (if applicable								
(*please inc	lude title, o	organization, and if t	trainee: please specify schoo	ol, degree program,	and current ye	ear in school	0	
Address	-							
City*:					Phone*:			
Zip/Postal Code*:			State/Province*:		Email Address*			
Country*:								
			How o	did you hear ab	oout us?			
			Have you been before	to a PEERS bo e? If so, which	•			
Registration	eceive aco i forms m	cess to the PEERS nust be approved	virtual boot camp for \$ l and processed before L. These will be process	e payment inform	nation is ob	tained.	ys in the order that the	ey are received.

Approved attendees will be sent a confirmation via e-mail that will include a link to pay securely online using VISA, Mastercard or American Express. **Payment must be received before your enrollment is finalized.**

Once payment is received and confirmed, access to all 35 virtual boot camp episodes will be granted on the YouTube platform. Recording of any kind is prohibited.

Cancellation/Refund Policy

• We regret that we cannot give refunds after payment has been made.

How to Submit Registration Form

To submit this form via e-mail: Save a copy and email it to peersclinic@ucla.edu

UCLA PEERS[®] Clinic 300 UCLA Medical Plaza, Suite 1268 Los Angeles, CA 90095-6967

Phone: 310-267-3377 Fax: 310-267-0378 www.semel.ucla.edu/peers Email: peersclinic@ucla.edu