

TELECONFERENCE CD ORDER REQUEST FORM



DATE: _____

NAME: _____ EMAIL ADDRESS: _____

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AVAILABLE TELECONFERENCE CD/DVDs:

(All CD's are available for purchase *AFTER* the event date for the price of \$15 each. Shipping included.)
 (Please check all that apply)

EVENT DATE	EVENT TITLE	QUANTITY REQUESTED
1.21.2011	"How to Avoid Common Pitfalls in the Treatment of the Eating Disordered Patient" with Judith Ruskay Rabinor, PhD.	
3.18.2011	"Eating Disorders as a Strategy for Dealing with Traumatic Memory" with Rosemary Masters, JD, LCSW	
5.13.2011	"Eating Disorders: Separation & Individuation in Adolescents & Young Adults" with F. Diane Barth, LCSW	
10.14.2011	** "Putting it All Together: An Integrated Approach to the Treatment of Eating Disorders" with F. Diane Barth, LCSW	
10.21.2011	** "What's Weight Got to do with It: An Introduction to the Health at Every Size Model for Psychotherapy Practice" with Debora Burgard, PhD.	
11.18.2011	** "Food & Families at Holiday Time" with Judith Ruskay Rabinor, PhD.	
12.16.2011	** "Using Research in Practice"	
1.20.2012	** "Exercise & Eating Disorders"	
2.17.2012	** "Sexuality & Eating Disorders"	
ALL 4 MARCH DATES	** TREATMENT TEAM (Includes 4 topics below)	
3.9.2012	** Part I – Medical Segment	
3.16.2012	** Part II – Psychiatrist Segment	
3.23.2012	** Part III – Nutritionist Segment	
3.30.2012	** Part IV – Discussion of Parts I-III with the Therapist	
4.20.2012	** "Males & Eating Disorders"	
5.18.2012	** "Trauma & Eating Disorders"	
6.15.2012	** "Difficult Patients, Difficult Families"	

** Denotes that PowerPoint Slide Presentation is also included on CD/DVD

PAYMENT METHODS:

Total Amount to be charged: \$ _____

CREDIT CARD

Card # _____

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Sec. Code: _____

Billing Zip Code: _____

Please complete the above portion and mail or fax form to:

**ICP/CSAB
1841 Broadway, 4th Floor
New York, NY 10023**

Or fax to: 212-333-5444

DELIVERY METHODS:

(Please allow 2-3 weeks for processing and shipping)

- Please mail me CD and payment receipt to the below Address
- I will pick up my CD and payment receipt at ICP
on _____.

CHECK

Please make check payable to "ICP" and include "CSAB" on the memo line of check

Please send the check attached to this completed form to:

**ICP/CSAB
1841 Broadway, 4th Floor
New York, NY 10023
ATTN: Lauren**

SHIPPING INFO/ADDRESS:

NAME: _____

STREET ADDRESS: _____

APT/SUITE #: _____

CITY/STATE: _____

ZIP CODE: _____

Thank you for your interest in CSAB and your participation in our Teleconference series! For additional information on upcoming events, training or treatment services, please visit our website at www.csabny.org or contact the Program Administrator at csab@icpny.org / 212-333-3444 ext: 107.