

*Alvord, Baker & Associates, LLC*  
**POST-GRADUATE TRAINING INSTITUTE**

**Cognitive Behavioral Therapy for Children and Adolescents**  
**REGISTRATION FORM**

**2024-2026**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Degree: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WorkPhone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Indicate your level of experience working with children and adolescents:**

\_\_\_\_\_ Some Experience    \_\_\_\_\_ Moderate Experience    \_\_\_\_\_ Very Experienced

**Please select one:**

\_\_\_\_\_ **CERTIFICATE program \$2,150** (10 didactic presentation and 9 consultation sessions)

\_\_\_\_\_ **DIDACTIC only \$1,250** (10 presentations) limited number of spaces.

**Please indicate how you will pay: in full or by payment schedule:**

**Certificate Program** (select one):

\_\_\_\_\_ I will pay in full. **Certificate Program:** \$2,150

\_\_\_\_\_ For the **Certificate Program** I prefer to pay a deposit of \$650 now, and pay the balance on a payment plan. Remaining payments of **\$500 each** will be due on Oct. 4, 2024, Dec. 13, 2024, and Feb 14, 2025.

**Didactic Only** (select one):

\_\_\_\_\_ I will pay in full Didactic Only: \$1,250

\_\_\_\_\_ I prefer to pay a deposit of \$625 now, and pay the balance of \$625 on Feb.14, 2025.

**Please select method of payment:**

\_\_\_\_\_ Enclosed is my check, payable to **Alvord Baker & Associates, LLC**

\_\_\_\_\_ Please charge my VISA/MASTERCARD account in the amount of \$\_\_\_\_\_

**Credit Card Information**

Name as printed on the card: \_\_\_\_\_

Card Number:  VISA /  MasterCard \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

***Mail your completed registration form with check (payable to Alvord, Baker & Associates, LLC)  
or credit card information to:***

**Keri Linas, Ph.D, PsyD**

**Alvord Baker & Associates, LLC**

**3200 Tower Oaks Blvd. Suite 200**

**Rockville, MD 20852**

**Or email: [klinas@alvordbaker.com](mailto:klinas@alvordbaker.com)**