

***The Cognitive Distortion Starter Kit: Defeating Self-Critical Thoughts in Clients and Therapists***

presented by **David Burns, M.D.**

**Friday, November 13, 2020**

**LIVE INTERACTIVE WEBINAR 8:30 am - 4:45 pm ET**  
**7 CE Hours Credit For Most Professions**



	<u>Without Book</u>	<u>With Book</u>
Individual Early Registration (received by October 2) _____	\$145 per person -----	\$165 per person
<b>Two or more together at the same time (by October 2)</b> _____	\$135 per person -----	\$155 per person
Regular Registration (October 3 - November 10) _____	\$160 per person -----	\$180 per person
Late Registration <b>No Registrations After Noon November 12</b> _____	\$175 per person -----	\$195 per person

**Please Print - Name & Degree as you want them to appear on your CE certificate**

Name \_\_\_\_\_ Degree/License \_\_\_\_\_

Agency \_\_\_\_\_

*Mailing Address to receive your nametag & receipt: \_\_\_ Home \_\_\_ Work*

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (W) ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ Without Book \_\_\_ With Book

**Additional Information**

Your Profession: \_\_\_\_\_

Type(s) of CE Credit Desired: \_\_\_\_\_

**J&K Seminars**  
**FID# 23-3072383**

***The Cognitive Distortion Starter Kit: Defeating Self-Critical Thoughts in Clients and Therapists***

presented by **David Burns, M.D.**

**Friday, November 13, 2020**

**LIVE INTERACTIVE WEBINAR 8:30 am - 4:45 pm ET**  
**7 CE Hours Credit For Most Professions**



	<u>Without Book</u>	<u>With Book</u>
Individual Early Registration (received by October 2) _____	\$145 per person -----	\$165 per person
<b>Two or more together at the same time (by October 2)</b> _____	\$135 per person -----	\$155 per person
Regular Registration (October 3 - November 10) _____	\$160 per person -----	\$180 per person
Late Registration <b>No Registrations After Noon November 12</b> _____	\$175 per person -----	\$195 per person

**Please Print - Name & Degree as you want them to appear on your CE certificate**

Name \_\_\_\_\_ Degree/License \_\_\_\_\_

Agency \_\_\_\_\_

*Mailing Address to receive your nametag & receipt: \_\_\_ Home \_\_\_ Work*

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (W) ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ Without Book \_\_\_ With Book

**Additional Information**

Your Profession: \_\_\_\_\_

Type(s) of CE Credit Desired: \_\_\_\_\_

**J&K Seminars**  
**FID# 23-3072383**