Mail this registration card and payment to:
SUE BURICKSON
4 West 101st Street, #69
New York, NY 10025

I WOULD LIKE TO ATTEND THE FOLLOWING COURSES:

TITLE	FEE
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

COURSE FEE TOTAL		
REGISTRATION FEE		
LATE FEE		
TOTAL AMOUNT DUE		
this is my first course at IEA	yes	no
this is NOT my first course at IEA	yes	no

Please enclose check for the total amount made payable to The Institute for Expressive Analysis.

NAME:_____

PHONE:(home)_____

(work)_____

ADDRESS:_____

City:_____**State:**_____**Zip:**_____