

Colorado Sandplay Therapy Association (CSTA)  
<http://www.sandplaytherapy.org>  
[info@sandplaytherapy.org](mailto:info@sandplaytherapy.org)

Registration Form

Date: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Phone (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Name of practice: \_\_\_\_\_

Agency: \_\_\_\_\_

Student at: \_\_\_\_\_

Name of Training: \_\_\_\_\_

Date of Training: \_\_\_\_\_

**Full Day Training Rates:**

Participant \$140  
CSTA Member \$120  
Student \$90

**Half Day Training Rates:**

Participant \$75  
CSTA member \$65  
Student \$50

Mail registration form and payment, include check payable to CSTA, to:

**CSTA**  
**1731 E. 16th Ave**  
**Denver, CO 80218**