

**VARUKHA CHULANI**  
**M.A. (PSYCHOLOGY)**  
**ASSOCIATE FELLOW & SUPERVISOR**  
**THE ALBERT ELLIS INSTITUTE, NEW YORK CITY, U.S.A.**

**14/24 Sunrise CHS, Opp Lilavati Hospital, Bandra Reclamation, Mumbai 400 050.**  
**Phone: 2655 5119 / 98202 83182**  
**Email: varkha@varkhachulani.com**

**REGISTRATION FORM**

To,  
Varkha Chulani  
14/24 Sunrise Cooperative Housing Society  
K.C. Marg  
Opposite Lilavati Hospital  
Bandra Reclamation  
Mumbai 400 050.

Madam:

I/We request you to register the following person as a candidate in your seven day **Primary Certificate Course in Rational Emotive Behavior Therapy – Focus – Women’s Issues** - to be held between October and November’08.

Mr. / Mrs. / Ms. \_\_\_\_\_

Educational Qualifications \_\_\_\_\_

Name and Address of the \_\_\_\_\_

Sponsoring Authority \_\_\_\_\_

Residential Address \_\_\_\_\_

Telephone / Mobile Nos: \_\_\_\_\_

Email Address \_\_\_\_\_

**Enclosed is a cheque/draft for Rs. 10,000/- drawn in favor of Varkha Chulani towards the non-refundable course fee. (Outstation participants may please issue demand drafts only).**

I/We understand that mere participation in the Course does not guarantee the awarding of a certificate.

Date: