

## Registration Form for PDP Books + Tests

A separate registration form must be completed and submitted for each PDP participant.  
Please fax or mail your registration form to Sue McNamara (contact information is below).

Name:		
Agency:		
Address:		
City:	State/Province:	Postal Code:
Country:		
Phone:	Fax:	
E-mail:		
Certification Type :	Certification Number:	

Book Titles	Tests	Cost of Tests	Test Total	Books (PDF files)	Cost of Books	Total
<i>Readings in Psychiatric Rehab + Recovery</i>	_____	@ \$100	_____	_____	@ \$39.95	_____
<i>Group Process Guidelines</i>	_____	@ \$100	_____	_____	@ \$34.95	_____
<i>Principled Leadership</i>	_____	@ \$100	_____	_____	@ \$59.95	_____
<i>Recovery from Severe Mental Illnesses, Vol 2</i>	_____	@ \$100	_____	_____	@ \$39.96	_____
<i>Recovery from Severe Mental Illnesses, Vol 1</i>	_____	@ \$100	_____	_____	@ \$39.96	_____
<i>Recovery Workbook 2: Connectedness</i>	_____	@ \$100	_____	_____	@ \$31.95	_____
<i>Comprehensive Guide for Integrated Treatment of People with Co-Occurring Disorders</i>	_____	@ \$100	_____	_____	@ \$34.97	_____

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Book Titles	Tests	Cost of Tests	Test Total	Books (PDF files)	Cost of Books	Total
<i>Role of the Family in Psychiatric Rehabilitation</i>	_____	@\$100	_____	_____	@\$32.95	_____
<i>Psychiatric Rehabilitation, 2nd ed.</i>	_____	@\$100	_____	_____	@\$39.97	_____
<i>Readings in Psychiatric Rehabilitation</i>	_____	@\$100	_____	_____	@\$34.95	_____
<i>Psychological &amp; Social Aspects of Psychiatric Disability</i>	_____	@\$100	_____	_____	@\$22.47	_____
Recovery	_____	@\$100	_____	_____		_____
<i>The Recovery Workbook</i>				_____	@\$29.95	_____
<i>The Experience of Recovery</i>				_____	@\$10.00	_____
Subtotal for Tests	_____	_____	_____	Subtotal for Books	_____	_____
<b>TOTAL</b>						_____

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### Payment Method

Enclosed is a check(s) made payable to Boston University.

Payment must be in U.S. funds by U.S. bank draft or international money order.

Please charge my credit card ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Account Number:

Expiration Date:

Signature of Authorized Buyer:

### Send Order Form to:

Sue McNamara, MS, CRC, CPRP  
Professional Development Program  
Boston University Center for Psychiatric Rehabilitation  
940 Commonwealth Avenue West, 2<sup>nd</sup> floor, Boston, MA 02215  
Phone: 617/358-2574; FAX: 617/353-7700  
E-mail: [suemac@bu.edu](mailto:suemac@bu.edu)