

**Inner Resources Training/ Heather Maritano, LCSW, RPT-S**  
**2021 Workshop Registration Form, as of 12/31/20**  
**Descriptions and additional information: [www.heathermaritano.com](http://www.heathermaritano.com)**  
**Information: [hmaritano@gmail.com](mailto:hmaritano@gmail.com) 812-323-8230**

Name (as you want it on certificate, including title and/or degrees):

Street or PO Box:

City:

State:

ZIP:

Email:

Preferred Phone:

**TO REGISTER: (1) Circle workshop (s) by date. (2) Circle fees. (3) Verify availability: 812-323-8230 or email.**

Current 2021 WORKSHOPS, as of 12/31/21		Circle Corresponding Fee	
SandTray Levels, Supervision, & Ethics Workshops (See Website for Descriptions)	Bloomington, IN (Unless otherwise noted)	Student Fee	Regular Fee
Level 1 Basic Tools and Methods	February 26 & 27, 2021 <b>ONLINE</b>	\$280	\$315
Level 2 Symbolic Integration & Theory	March 26 & 27, 2021 <b>ONLINE</b>	\$280	\$315
Level 3 Clinical Skills & Theory	TBD	\$280	\$315
Level 4 Advanced Clinical Skills	TBD	\$280	\$315
Level 5 Couples, Family, & Group	TBD	\$280	\$315
Level 6 Expressive Arts & Play Therapy Integration	TBD	\$570	\$630
Level 7 Sand, Play & Art: Healing Grief & Trauma	Pending 2022	\$570	\$630
Level 8 Developmental Considerations with Children (early childhood & latency)	TBD	\$280	\$315
Level 9 Developmental Considerations with Adolescents & Adults	TBD	\$280	\$315
Level 10 Capstone – Integrating All the Levels	Pending 2022	\$570	\$630
Ethics Lunch Series, 2021 Topic: Clinical Case Illustration 1 <sup>st</sup> Friday of Feb, May, August, November	Feb 7, May 5, Aug 6, Nov 4 <b>ONLINE</b>	N/A	\$25 1 <sup>st</sup> /\$20 ea. additional
Supervisor Training, 3 hour	January 18, 2021	N/A	\$75
Supervision, Ethics, & Self Retreat at Bradford Woods, Includes accommodations and housing	September 16-19, 2021	N/A	\$1180
Supervision, Ethics, & Self Intensive on-line live, interactive	TBD	N/A	\$785

Confirmation of registration will be sent via e-mail.

The Cancellation & Refund Policy can be found on the website training page.

**TOTAL  
FEES**

**Payment Amount and Method**

\$ \_\_\_\_\_  Check Payable to: Inner Resources

Email To: [hmaritano@gmail.com](mailto:hmaritano@gmail.com)

\$ \_\_\_\_\_  Visa  Master Card

Mail To: Inner Resources / 304 W. Howe, B / Bloomington, IN  
47403

Credit Card #:

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Verification #: (3-digit code on back): \_\_\_\_\_

Card Holder's Name:

Signature:

Card Billing ZIP: