

UCLA PEERS[®] for Adolescents

Teleconference Training Seminar

Registration Form

UCLA PEERS[®] Clinic
300 UCLA Medical
Plaza, Suite 1268
Los Angeles, CA 90095-6967

Phone: 310-267-3377
www.semel.ucla.edu/peers
Email: peersclinic@ucla.edu

Teleconference via Zoom

Please complete all required fields for your registration to be processed (* = required)

Registration Fee

Please select the following training dates to attend*:

Training Seminar Fee: \$500.00

☐ April 15th- 17th, 2026 (8am-5pm PT)

**please see refund/cancellation policy listed below*

Attendee Information

First Name*:

Last Name*:

Degree*:

License Number:

State Licensed:

Professional Affiliation*

*(*please include title, organization, and if trainee: please specify school, degree program, and current year in school)*

Mailing Address for Manual Shipment (US Residents Only)

Note: You will not be mailed a PEERS treatment manual until your payment has been received. You will not be registered for the teleconference until your payment has been received. **If your payment is not received by March 1st, 2026, your manual may not arrive prior to the start of the teleconference.** Please contact The UCLA PEERS Clinic if you would prefer to receive an eBook instead of a paperback copy of the PEERS treatment manual.

Note: If you are a non-US Resident, you will receive an eBook of the PEERS treatment manual rather than a paperback copy. Please contact The UCLA PEERS Clinic for more information.

Address*:

City*:

Zip/Postal Code*:

State/Province*:

Country:

Phone*:

Email Address*:

How did you hear about us?

Why would you like to attend the training?

How do you plan to utilize the information provided during the training?

Payment Information:

The fee to attend this 3-day certified teleconference is \$500 USD per person to be paid in advance.

Due to limited enrollment we need to process and approve all registration forms before we obtain your payment information. All forms submitted via E-MAIL will be processed for approval within 4-5 business days in the order that they are received.

Approved attendees will be sent a confirmation via e-mail that will include a link to pay securely online using VISA, Mastercard or American Express.

Payment must be received before your enrollment is finalized and before you are provided a copy of the PEERS treatment manual.

Cancellation/Refund Policy

- All refunds requested in advance of the dates listed below will be assessed a **\$150 administrative fee**.
 - **April Training: Please request a refund before 5PM PT on March 1st, 2026.**
- We regret that we cannot give refunds after the dates listed above. Refunds should be requested by e-mail to peersclinic@ucla.edu.
- An e-mail confirming we have received your cancellation notice will be sent from peersclinic@ucla.edu.
- No refunds or credits are given to registrant "no-shows".

How to Submit Registration Form

To submit this form via e-mail: Save a copy and email it to peersclinic@ucla.edu