

**K**arner  
**P**sychological  
**A**ssociates

2280 Western Avenue  
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Ph: (518) 456-5056 FAX: 518 456-6512

**Attn: Cris Sorel - GROUP THERAPY REGISTRATION FORM**

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**Date**

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**Name**

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**Address**

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**Phone (day)**

**(evening)**

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**Email**

**Group(s) interested in:**

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**Method of Payment:**

Check \_\_\_\_ Credit Card \_\_\_\_ Insurance \_\_\_\_  
Please make checks in the amount of \$280, payable to  
Karner Psychological Associates.  
Credit card payments can be made by phone.

For questions regarding insurance reimbursement, please **call (518) 456-5056**