

**APPLICATION for HAJA SEMINARS**

**2017 – 2018**

NAME:

Email:

Phone:

Mailing Address:

Academic Background:

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Experience in therapy or analysis (if any):

PLEASE return application along with an application check\* for \$25 by **October 15** to:

Pam Behnen  
4156 Connecticut Street  
St Louis MO 63116

\*non-refundable, but applicable to seminar tuition if applicant is accepted

PLEASE know that the process of application may include a brief telephone interview with one of the HAJA analysts.