



**Groups By Topic**  
*(please circle max. of 3)*

ACOA	Trauma	Children	Adolescent
Chem. Dependency	Adult	Long Term, Process	Aging
Eating Disorders	Gay/Lesbian/Bisexual	Men	Women
Grief	Mixed Gender	Brief	Process
Support (List type: _____ )		Other (List type: _____ )	

**Theoretical Orientation**  
*(please circle max. of 3)*

Psychodynamic	Gestalt/Experimental	Cognitive Behavioral
Interpersonal	Family Systems	Humanistic
Existential	Psychoanalytic	Feminist
Psychoeducational	Other:	

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail application and check made payable to AGPS to:  
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