Introduction to the MCMI-IV: Assessment and Therapeutic Applications

Friday, June 3, 2016
George Fox University | Hoover Academic Building
Newberg, Oregon
The Graduate Department of Clinical Psychology of George Fox University is pleased to host its
TWELFTH ANNUAL ASSESSMENT CONFERENCE

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Introduction to the MCMI-IV: Assessment and Therapeutic Applications

This workshop will introduce the newest revision of the MCMI, the MCMI-IV (Millon, Grossman & Millon, 2015), and provide an overview of changes and updates to its constructs, scales, standardization and interpretive features. Included in the workshop’s activities will be a comprehensive overview of Millon’s Evolutionary Theory (including the last modifications and additions to the theory prior to his passing) and its application in the new test. The workshop will place particular emphasis on the underlying theory’s usefulness not only in constructing the instrument, but in creating a basis for an enhanced, empathic understanding of persons and an interface for creating effective, personalized therapeutic interventions.

REGISTRATION FOR JUNE 3 CONFERENCE

Online registration at: georgefox.edu/nwassessment or mail this registration form (photocopies are OK) to:
2016 Assessment Conference Registration
GDCP, George Fox University, 414 N. Meridian St., V104, Newberg, OR 97132

Registration fee also includes any speaker handout materials, light continental breakfast, beverages during breaks and a networking lunch.

☐ Early registration (received by May 27): $100
☐ On-Site or late registration (received after May 27): $120
☐ Student registration (with ID proof): $50

Name ________________________________
School attending ____________________________

Street Address ________________________________
City __________________ State ______ ZIP ______

Daytime Phone [must be included if using credit card] _____________________________
Email (will not be shared) ________________________________

Enclosed is my check (made payable to George Fox University) for $____________

Please charge my (check one) ☐ VISA ☐ MasterCard in the amount of $___________

Credit card number ___________________________ Expiration Date ____ / ____ / ____
Name on card __________________________________ Signature ______________________
Credit card billing address (if different from above) Street ____________________________
City ______________________________________ State ______ ZIP ______

Questions? Call Heidi at 503-554-2390 or contact her via email at hcuddeford@georgefox.edu