## EMDR Therapy Basic Training Windsor, Ontario, Canada April- September 2020

## **Registration Form:**

| Name (as i                           | t will appear on your certificate of                      | completion):   |
|--------------------------------------|---|--|
| Professional Degree Designation: Lie |   | License/Registration No.:  |
| My master                            | 's or PhD degree is from (name of                         | school):   |
| Mailing Ad                           | dress: Street:  |  |
| City:                                | State/Province:   | Zip/Postal Code:   |
| Email:                               | Daytime Phone:  | Evening Phone:   |
| The <b>Early</b>                     | <b>Bird Tuition</b> for the Basic Traini                  | ng is \$1,955 (USD) or \$2500 (CAD) through <b>April 15, 2020</b>  |
| After <b>Apri</b>                    | I 15, 2020 the tuition for this w                         | orkshop increases to \$2,200 (USD) or \$2900 (CAD).  |
|                                      | ment can't be made by April 15, our spot in the training. | 2020 a deposit of $\frac{1}{2}$ the tuition payment by April 15  |
| Payment (                            | option:   |  |
|                                      | •   | to Kathleen Martin. Checks, along with this completed registration<br>, 1655 Elmwood Ave, Suite 125, Rochester, New York 14620 USA         |
| Da                                   | te Check Mailed:  |  |
| will be give                         | <del></del>   | to 30 days prior to the start of the conference. After that no refund someone on the waiting list. If you spot can be filled a full refund |
| Please com                           | nplete this form and send it via or                       | e of the options below:  |
| Via Email:                           | kmartinlcsw@frontiernet.net                               |  |
| Via Land M                           | lail: Kathleen Martin, 1655 Elmwo                         | od Ave, Suite 125, Rochester, New York 14620 USA   |
| Via Fax:                             | 585-282-1017  |  |
| For all que:                         | stions, please contact kmartinlcsw                        | @frontiernet.net or 585-473-2119   |