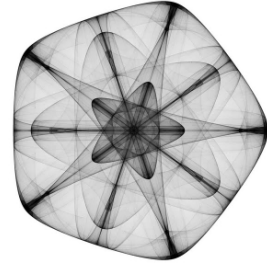


Sonoma Psychotherapy Training Institute
Basic Training in EMDR
Registration Application



Please print this form, complete it and mail, email or fax it to us with the rest of your application package. To assure prompt processing of your registration application, avoid requiring a signature on delivery, and please include the following items:

- A copy of your CV or resume
- A copy of your professional license OR letters required for non-licensed applicants AND a copy of your intern registration from the licensing board if applicable
- The participant agreement form
- Personal check, cashier's check or money order, OR installment contract.

If applying for an agency or student discount, please submit:

- The Agency Discount Form
- The Student Discount Form
- Certificate of completion of basic training in EMDR (for reviewer discount).

Name _____

Degree _____ Professional License _____

State and License/Registration Number _____

Address _____

City _____ State _____ Zip Code _____

Business Telephone _____ Fax _____

Home Telephone (optional) _____ Cell Phone (optional) _____

Email _____

How did you learn about our training? (Check all the apply.)

- EMDR-trained colleague: _____
- EMDRIA list of training providers
- Web search (indicate search engine if known, e.g. Google, Yahoo.) _____
- Google Adword advertisement
- Training-Classes.com listing
- Mailed Brochure
- Email notice
- Attending one of our presentations
- Advertisement (indicate publication if known) _____
- Other: _____

- Registration for Spring 2012 Basic Training in EMDR, Santa Rosa, California
Dates: Sat/Sun: Feb 11-12; March 3-4; March 31-April 1; May 5-6, 2012.

Tuition in advance by personal check, cashier's check or money order only.
Early registration by January 5, 2012:

- \$1,420. \$710 deposit with balance to be paid 30 days prior to start of training.
- \$1,120 with agency or student discount. \$560 deposit with balance to be paid 30 days prior to start of training. Please include the Agency or Student Discount Form with your registration.

Registration after January 5, 2012 by personal or cashier's check or money order only:

- \$1,510. Submit payment in full with registration package.
- \$1,210 with agency or student discount. Submit payment in full with registration package. Please include the Agency or Student Discount Form with your registration.

Make your personal check, cashier's check or money order payable to: "**Sonoma Psychotherapy Training Institute**" or "**SonomaPTI**". Your check will not be cashed until you are accepted into the program and will be returned to you if you are not accepted. (To pay by credit card, see next page.)

Tuition by credit card on installment plan:

- I have completed the **installment contract on the next page.**

Refund Policy: 1) Up to 30 days in advance of the first day of training, tuition is refundable less a \$50 administrative fee. 2) Within 30 days of the training, a refund will only be made if the vacancy can be filled from the waiting list. If the vacancy can be filled, there will be a \$150 administrative fee. 3) After the start of the training, due to the small size of the training, no accommodations, refunds, or credits will be made for changes in personal, family or business situations including medical events. Vacancies that take place after the start of the training cannot be filled. Requests must be in writing. Date determined by postmark, fax or email.

In signing below I confirm that I have carefully reviewed and agree to the above refund policy:

Signature _____ Date _____

Please mail, email or fax you completed registration package to:

Sonoma Psychotherapy Training Institute
1049 Fourth St., Suite G
Santa Rosa, CA 95404-4345

<sonomapti@gmail.com>

Fax: (707) 579-9415

Sonoma Psychotherapy Training Institute

Basic Training in EMDR Installment Contract

I request to pay my tuition by credit card on an installment plan. I understand that by signing the credit card authorization below, I am agreeing to be contractually bound by the tuition and refund policies described on this page.

Early full tuition by installment contract registration by January 5, 2012:

_____ **Initial here to confirm your selection.** 3 installments of \$493 for a total of \$1,479.

Early Agency or student discount by installment contract registration by January 5, 2012:

Please include the Agency or Student Discount Form with your registration package.

_____ **Initial here to confirm your selection.** 3 installments of \$389 for a total of \$1,167.

Standard registration by installment contract registration after January 5, 2012:

_____ **Initial here to confirm your selection.** 3 installments of \$525 for a total of \$1,575.

Standard agency or student discount by installment contract registration after January 5, 2012:

Please include the Agency or Student Discount Form with your registration package.

_____ **Initial here to confirm your selection.** 3 installments of \$420 for a total of \$1,260.

The three installments will be charged as follows: 1) On acceptance of your application; 2) the week of 1st training weekend; 3) the week of 3rd training weekend. Note: if you request a single credit card charge, the total will be the same as for the three applicable installments listed above.

Refund Policy: 1) Up to 30 days in advance of the first day of training, tuition is refundable less a \$50 administrative fee. 2) Within 30 days of the training, a refund will only be made if the vacancy can be filled from the waiting list. If the vacancy can be filled, there will be a \$150 administrative fee. 3) After the start of the training, due to the small size of the training, no accommodations, refunds, or credits will be made for changes in personal, family or business situations including medical events. We do not fill vacancies that take place after the beginning of the training. Requests must be in writing. Date will be determined by postmark, fax or email.

In signing below I confirm that I have carefully reviewed and agree to the above refund policy:

_____ MasterCard _____ Visa _____ Discover _____ American Express

Credit Card #: _____ / _____
Exp. Date CCV

Name as it appears on card: _____

Billing Address _____

City _____ State _____ Zip Code _____

Signature

Date