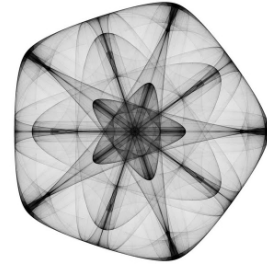


# Sonoma Psychotherapy Training Institute

## Basic Training in EMDR Therapy

### 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 **and**  Letter from your clinical supervisor (See Form)
- The Student Discount Form **and**  Letter from your clinical supervisor (See Form)
- Certificate of completion of basic training in EMDR Therapy (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 that apply.)

- EMDR Therapy-trained colleague:  
Name: \_\_\_\_\_ \* Email: \_\_\_\_\_
- Referred by:  
Name: \_\_\_\_\_ \* Email: \_\_\_\_\_
- EMDRIA list of training providers
- Web search (indicate search engine if known, e.g. Google, Yahoo.) \_\_\_\_\_
- Google Adword advertisement
- Newsletter email from Andrew M. Leeds, Ph.D.
- Attending one of our presentations
- Other: \_\_\_\_\_

\* So we can send them a "Thank you".

- Registration for **Fall 2020 Basic Training in EMDR Therapy all meetings via Zoom**  
Dates: Sat/Sun: Sept 12-13; Oct 10-11; Nov 7-8; Dec 5-6, 2020.

**Payment by personal check, casher's check or money order only.**

Early registration received by August 12, 2020:

- \$1,510. \$755 deposit with balance to be paid before August 12, 2020.
- \$1,310 with agency or student discount. \$655 deposit with balance to be paid before August 12, 2020. Please include the Agency or Student Discount Form with your registration.

Standard registration received after August 12, 2020:

- \$1,595. Submit payment in full with registration package.
- \$1,395 with agency or student discount. Submit payment in full with registration package. Please include the Agency or Student Discount Form with your registration.

**Note:** Licensed clinicians in HMO, VA and government settings are not eligible for the small agency discount.

Make your personal check, casher's check or money order payable to: **"SonomaPTI" or "Sonoma Psychotherapy Training Institute."** 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 before the training, tuition is refundable less a \$50 administrative fee. 2) Within 30 days of the training, no refunds will be made unless the training is full and the vacancy can be filled from a waiting list. Then there will be a \$150 administrative fee. 3) After the training starts, no refunds will be made for changes in personal or business situations including medical events. Vacancies after the start of training cannot be filled. Refund requests must be in writing. Date determined by postmark, fax or email. 4) Should you need to withdraw after your acceptance, you may request a transfer for the next training cycle with a transfer fee of \$150. Your original tuition remains non refundable. Please complete and submit the *"Transfer Request and Agreement"* form.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

<sonomapti@gmail.com>

Fax: (707) 703-5334

