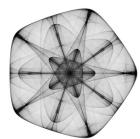
Sonoma Psychotherapy Training Institute Basic Training in EMDR Therapy Registration Application



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:

AND a copy of your intern regist The participant agreement for	cense OR letters required for non-licensed applicants ration from the licensing board if applicable m ck or money order, OR installment contract.
☐ The Student Discount Form a	please submit: nd Letter from your clinical supervisor (See Form) nd Letter from your clinical supervisor (See Form) 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 ☐ EMDR Therapy-trained colleague:	all that apply.)
	_* Email:
☐ Referred by:	* Email:
Name: □ EMDRIA list of training providers	Emaii:
	vn, e.g. Google, Yahoo.)
☐ Google AdWords advertisement	
□ Newsletter email from Andrew M. Leeds, F	Ph.D.
☐ Attending one of our presentations ☐ Other:	

^{*} So we can send them a "Thank you".

Registration for FALL 2024 Basic Training in EMDR Therapy — meeting via Zoom Dates: Sat/Sun: Sept 7-8; Oct 5-6; Nov 2-3; Dec 7-8, 2024.

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

Early registration received by August 6, 2024 :
\$1,510. \$755 deposit with balance to be paid before August 6, 2024.
\$1,310 with agency or student discount. \$655 deposit with balance to be paid before August 6, 2024. Please include the Agency or Student Discount Form with your registration.
Standard registration received after August 6, 2024:
☐ \$1,595. Submit payment in full with registration package.
\square \$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 nonrefundable. Please complete and submit the " <i>Transfer Request and Agreement</i> " form.
In signing below, I confirm that I have carefully reviewed and agree to the above refund policy:
Signature Date
Last day to enroll: your complete registration package must be received by September 3, 2024.
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

Forms can also be securely uploaded at https://tinyurl.com/SPTlformsupload

Sonoma Psychotherapy Training Institute Basic Training in EMDR Therapy 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.

Payment by Credit Card

Early registration received by August 6, 2024:			
Initial here to confirm your selection. \$1,569	with 3 installmen	ts of \$523.	
Initial here to confirm your selection. ☐ \$1,356 \$452. Please include the Agency or Student Discount Fo	• •		nstallments of
Standard registration received after August 6, 2024:			
Initial here to confirm your selection. \$1,665	with 3 installmen	ts of \$555.	
Initial here to confirm your selection. □ \$1,449 \$483. Please include the Agency or Student Discount Fo			nstallments of
Note: Licensed clinicians in HMO, VA and government s	ettings are not eliç	gible for the small ager	ncy discount.
The three installments will be charged as follows: 1) On a training weekend; 3) the week of 3 rd training weekend. No total will be the same as for the three applicable installments.	ote: if you request		
Refund Policy: 1) Up to 30 days before the training, to Within 30 days of the training, no refunds will be made filled from a waiting list. Then there will be a \$150 admirefunds will be made for changes in personal or busing after the start of training cannot be filled. Refund requipostmark, fax or email. 4) Should you need to withdraw transfer for the next training cycle with a transfer fee connected and submit the "Transfer for the next training cycle with a transfer fee connected and submit the "Transfer fee connecte	e unless the train ninistrative fee. 3 less situations in viests must be in view after your accord \$150. Your orig	ing is full, and the vand the vand halfer the training stand of the cluding medical event writing. Date determing aptance, you may recognal tuition remains	cancy can be arts, no ts. Vacancies ned by
In signing below, I confirm that I have carefully reviewed	and agree to the	above refund policy:	
☐ MasterCard ☐ Visa ☐ Discover ☐ A	American Express		
Credit Card #:		/	
Name as it appears on card:		Exp. Date	CCV
Billing Address			
City State	Zip Code		_
Signature		 Date	