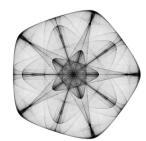
Sonoma Psychotherapy Training Institute Basic Training in EMDR Therapy Registration Application – Santa Barbara



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 tration from the licensing board if applicable
☐ The Student Discount Form a	please submit: nd □ Letter from your clinical supervisor (See Form) nd □ Letter from your clinical supervisor (See Form) asic training in EMDR Therapy (for reviewer discount).
Name	
Degree Professional License	e
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:	4
	_* Email:
☐ EMDRIA list of training providers ☐ Web search (indicate search engine if known)	wn, e.g. Google, Yahoo.)
☐ Google Adword advertisement	, e.g. deeg.e, . d. eee,
☐ 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 Spring 2019 Basic Training in EMDR Therapy, Santa Barbara, California Dates: Sat/Sun: March 2-3; April 13-14; May 25-26; June 22-23, 2019.
Registration must be received by February 26, 2019
Payment by personal check, casher's check or money order only.
Early registration received by January 30, 2019: ☐ \$1,510. \$755 deposit with balance to be paid before January 30, 2019.
☐ \$1,310 with agency or student discount. \$655 deposit with balance to be paid before January 30, 2019. Please include the Agency or Student Discount Form with your registration.
Standard registration received after January 30, 2019: ☐ \$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 in Alameda CA with a transfer fee of \$150. Your original tuition remains non refundable. 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
Please mail, email or fax your completed registration package to: Registration must be received by February 26, 2019.
Sonoma Psychotherapy Training Institute 1049 Fourth St., Suite G Santa Rosa, CA 95404-4345
<sonomapti@gmail.com></sonomapti@gmail.com>
Fax: (707) 703-5334

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.

Registrations must be received by February 26, 2019

Payment by Credit Card

Early registration re	ceived by Jar	nuary 30, 2019 :				
Initial here	o confirm yo	our selection.] \$1,569 w	ith 3 installmen	ts of \$523.	
Initial here t \$452. Please includ					dent discount with 3 tration package.	installments of
Standard registration	n received af	ter January 30,	<u>2019</u> :			
Initial here	o confirm yo	our selection.	∃ \$1,665 w	ith 3 installmen	ts of \$555.	
Initial here t \$483. Please includ					dent discount with 3 tration package.	s installments of
Note: Licensed clin	icians in HM0), VA and gover	nment sett	ings are not eliç	gible for the small ag	ency discount.
The three installment raining weekend; 3 total will be the same) the week of	3 rd training wee	kend. Note	e: if you request	r application; 2) the a single credit card	
after the start of tra postmark, fax or en transfer for the nex	he training, r g list. Then the de for chang aining canno mail. 4) Shou t training cy	no refunds will lere will be a \$ es in personal of the filled. Refulled you need to be in Alameda	be made u 150 admin or busines and reques withdraw CA with a	unless the train histrative fee. 3) is situations inc ts must be in vafter your acce transfer fee of	ing is full and the va	acancy can be starts, no ents. Vacancies nined by equest a
In signing below I co	onfirm that I h	nave carefully re	viewed and	d agree to the a	bove refund policy:	
☐ MasterCard	☐ Visa	☐ Discover	☐ Am	erican Express		
Credit Card #:					/	
Name as it appears	on card:				Exp. Date	CCV
Billing Address						
City		Sta	te	Zip Code		
Signature					 Date	