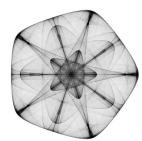
Sonoma Psychotherapy Training Institute Basic Training in EMDR Therapy Registration Application



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.
If applying for an agency or student discount, The Agency Discount Form and The Student Discount Form a	
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: Name:	* c
☐ EMDRIA list of training providers	* Email:wn, e.g. Google, Yahoo.)
 □ Newsletter email from Andrew M. Leeds, F □ Attending one of our presentations □ Other: 	Ph.D.
•	

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

☐ Registration for Spring 2019 Basic Training in EMDR Therapy, Alameda, California Dates: Sat/Sun: March 2-3; April 6-7; May 4-5; June 1-2, 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.
\square \$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 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 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></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.

Payment by Credit Card

Early registration re	eceived by Jar	uary 30, 2019:				
Initial here	to confirm yo	our selection.	\$1,569 v	vith 3 installment	s of \$523.	
Initial here \$452. Please include	-				dent discount with 3 tration package.	installments of
Standard registration	on received af	ter January 30, 2	<u>019</u> :			
Initial here	to confirm yo	our selection.	\$1,665 v	vith 3 installment	s of \$555.	
Initial here \$483. Please include	-			•	dent discount with 3 tration package.	installments of
Note: Licensed clir	nicians in HMC), VA and govern	ment set	tings are not elig	ible for the small age	ency discount.
	B) the week of	3 rd training week	end. Not	e: if you request	application; 2) the value a single credit card of	
Within 30 days of filled from a waitin refunds will be ma after the start of tr postmark, fax or e	the training, r ng list. Then the nde for change aining cannot email. 4) Shou at training cyc	no refunds will be a \$1; ses in personal or the filled. Refund you need to wole with a transfer with a transfer control or the will be a \$1.5 to \$1.5	e made 50 admir r busines d reques withdraw er fee of	unless the traini nistrative fee. 3) as situations inc ats must be in w after your acce \$150. Your orig	le less a \$50 admin ng is full and the va After the training st luding medical ever triting. Date determing ptance, you may re inal tuition remains the less that administration.	cancy can be tarts, no nts. Vacancies ined by quest a
In signing below I o	confirm that I h	ave carefully rev	iewed ar	d agree to the al	pove refund policy:	
☐ MasterCard	☐ Visa	☐ Discover	☐ An	nerican Express		
Credit Card #:					/	
Name as it appears	s on card:				Exp. Date	CCV
Billing Address						
City		State	e	_ Zip Code		
Signature					Date	