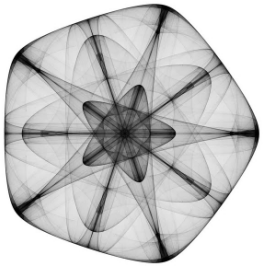

Sonoma Psychotherapy Training Institute
Basic Training in EMDR Therapy
Registration Application

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, casher'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)
- ☐ Proof 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 AdWords 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 **Spring 2026 Basic Training in EMDR Therapy — meeting via Zoom** Dates: Sat/Sun: March 7-8, March 28-29, May 2-3 & May 30-31, 2026.

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

Early registration received by February 9, 2026 :

✎ $1,510. $755 deposit with balance to be paid before February 9, 2026.

✎ $1,310 with agency or student discount. $655 deposit with balance to be paid before February 9, 2026. Please include the Agency or Student Discount Form with your registration.

Standard registration received after February 9, 2026:

☐ $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 nonrefundable. 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

Last day to enroll: your complete registration package must be received by March 2, 2026.

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/SPTIformsupload

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 February 9, 2026:

_____ **Initial here to confirm your selection**. ☐ $1,569 with 3 installments of $523.

_____ **Initial here to confirm your selection.** ☐ $1,356 for agency or student discount with 3 installments of $452. Please include the Agency or Student Discount Form with your registration package.

Standard registration received after February 9, 2026:

_____ **Initial here to confirm your selection**. ☐ $1,665 with 3 installments of $555.

_____ **Initial here to confirm your selection.** ☐ $1,449 for agency or student discount with 3 installments of $483. Please include the Agency or Student Discount Form with your registration package.

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

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 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 "*Transfer Request and Agreement*" form.

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