

**Workshop Registration**

**EMDR treatment planning with survivors of complex, early neglect and abuse**

Live Webinar

Presenter: Dr Andrew Leeds, PhD.

May 16, 2020 - 8:45 AM to 4:45 PM PDT & May 17, 2020 - 8:45 AM to 4:45 PM PDT

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

To be eligible to register you must have completed an EMDRIA Approved Basic Training in EMDR. Please indicate **year completed**: \_\_\_\_\_ **Provider name**: \_\_\_\_\_

1) Registration (check one) **for agency discount include supervisor letter confirming 30+ hours:**

- ~~\$205.00~~ - First 25 registrants 25 already registered
- ~~\$165.00~~ - First 25 registrants, Agency Discount 25 already registered
- \$225.00** - Registration and payment BY April 30, 2020.
- \$185.00** - Registration and payment BY April 30, 2020, Agency Discount
- \$265.00** - Registration and payment AFTER April 30, 2020.
- \$225.00** - Registration and payment AFTER April 30, 2020, Agency Discount

To receive the Agency Discount one must work 30 hr/wk in small non profit or be pre-licensed.

2) Payment Options (check one):

- Payment by Check** - Make checks payable to **SonomaPTI.**
- Payment by Credit Card**

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign and return this registration page with payment to:

**Sonoma PTI**  
**1049 Fourth Street, Suite G**  
**Santa Rosa, CA 95404**

OR

Fax to: **(707) 703-5334**

Phone: **(707) 579-9457**

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3) **Refund Policy:** Tuition is refundable up to 10 days prior to the workshop date less a processing fee. **Processing fee: \$50 up to 10 days prior to the workshop; Within 9 days prior to workshop, no refunds will be given.**

Requests for refunds must be in writing by email, fax or USPS mail and will be calendared on the date received. Refunds will be disbursed within 10 working days from the date received.

**I affirm that I have read and agree to the refund policy above and that I have completed an EMDRIA Approved basic training in EMDR.**

I understand that this webinar will be video recorded with the face of the presenter. If I ask questions my voice will be recorded. I agree to this recording.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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