

REGISTRATION FORM
Advanced EMDR Training:
Refresh your EMDR skills
April 25, 2010

Prerequisites: Qualified applicants will have completed their EMDR basic training.

Name: _____

With whom & when did you complete EMDR Basic training: _____

Profession: _____

Agency/Academic Institution (if applicable): _____

Address: _____

Email: _____

Phone: _____(h) _____(w) _____(cell)

How did you hear about the training? _____

Do you have any allergies? _____

Please avoid wearing perfumes during this training to respect those with sensitivities.
Thank you.

Send registration form with a **\$50 non-refundable deposit** to Sue Genest by
March 22, 2010 to ensure the early bird rates:

Rates after March 22, 2010 are \$230, no exceptions.

Make cheques payable to:

Sue Genest

18 Jewett Bay, Winnipeg, Manitoba R3R 2N1

Email: sagenest@shaw.ca (most effective way to contact me)

Phone: 204-221-3619