

# EMDR of Greater Washington

## REGISTRATION FORM

### BASIC EMDR TRAINING

PLEASE PRINT OUT THIS FORM, COMPLETE IT AND MAIL (do not require a signature!) OR FAX IT TO US AS PART OF THE COMPLETE APPLICATION PACKAGE.. PLEASE INCLUDE A **COPY OF YOUR CV** OR RESUME AND A **COPY OF YOUR PROFESSIONAL LICENSE**. ALSO, PLEASE PRINT OUT A **COPY OF THE PARTICIPANT'S AGREEMENT FORM**, REVIEW AND SIGN THE FORM AND INCLUDE THIS WITH THE APPLICATION PACKAGE. IF APPLYING FOR AGENCY DISCOUNT, PLEASE SUBMIT **AGENCY DISCOUNT FORM** FROM REGISTRATION SECTION OF WEBSITE.

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Business Telephone \_\_\_\_\_

Fax \_\_\_\_\_

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Cell Phone \_\_\_\_\_

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How did you learn about our training?

\_\_\_\_\_ EMDR-trained colleague: \_\_\_\_\_

\_\_\_\_\_ Web search (which engine, eg. Google, Yahoo....) \_\_\_\_\_

\_\_\_\_\_ Mailed Brochure

\_\_\_\_\_ Email notice

\_\_\_\_\_ Attending one of our presentations

\_\_\_\_\_ Other: \_\_\_\_\_

