

EMDR REGISTRATION FORM
Basic Training November 2,3,4 2018
And February 1,2,3 2019

Name _____

Degree _____ Profession _____

Licensing Body and License/Registration Number

Name of Supervisor if a graduate student _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Business Phone () _____

Evening Phone () _____

Email _____

Registration Fee:

Registration Fee by October 31st: \$2000.00

Payable to Four Winds Wellness by cheque or etransfer

Submit registration by email fourwinds@telus.net or mail to

Four Winds Wellness 849 Fleming Drive Kamloops BC V1S 1B6

Confirmation of registration will be sent by email. Receipts will be issued at the training.
Participants are responsible for their own meals and accommodation.

