Registration Form
EMDR Basic Training
with Awake Mind and Julie Greene

Date of Level I Training: _____

Date of Level II Training: _____

Location of Basic Training: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

EMDR training is available to licensed mental health professionals or people working toward licensure and under the supervision of a licensed professional. Please provide the following information regarding your licensure situation.

☐ Licensed Professional — Type of License: _____ License No.: _____

☐ Unlicensed Professional — Supervised by: _____

Type of License: _____ License No.: _____

☐ Student in Internship — Supervised by: _____

Type of License: _____ License No.: _____

Fees: $1300 total payable in 4 installments:

☐ *$300 deposit to register*

☐ *$350 due two weeks prior to Level I*

☐ *$350 due two weeks prior to Level II*

☐ *$300 for the 10 hours of consultation, payable to your consultant directly.*

Cancellation policy: Full refund minus $50 up to 14 days before training.
No refund within 14 days of training.

Acknowledgments:

I understand that I am committing to attend both the Level I & II sessions on the dates scheduled.

I understand that group consultation will be scheduled separately from the 2 training weekends.

I understand that EMDR Basic Training must be complete in a 2 year period.

Participant Signature: _____ Date: _____

Send this registration form as an email attachment to info@awakemind.org ,
or by fax to 1-800-708-2463.
Make payment by credit card at www.awakemind.org.
Questions? info@awakemind.org or 303-997-2803