

**EMDR Therapy Basic Training with
Kathy Karn M.Ed. & Brynah Schneider Ph.D., C.Psych.
Registration Form**

Name and Degree (as you want it on your certificate): _____

Street Address: _____

City, Province: _____ Postal/Zip Code: _____

Email: _____

Phone (day) _____ (evening): _____

Highest Degree: _____ Field of Study: _____

Professional Registration: (e.g, RSW, C.Psych, etc.) _____

Licensing Body & Registration Number: _____

Employer & Accreditation Body _____

How did you learn about this course?

Fee: Part 1 & Part 2, including 10 hours mandatory consultation, \$2000 + \$260 HST when paid-in-full 21 days prior to event or \$2100 +\$273 HST after the Early Registration Deadline Date.

**Please make cheque/money order/email transfer payable to:
Dr. Brynah Schneider 389 Hyde Park Rd. Suite 1, London ON N6H 3R8**

Visa - Card Number: _____

Expiration (MM/YY) _____ Security Number (3 digits on the back of card): _____

Name of Card Holder: _____

Mail or fax 519-657-9984 completed Course Registration Form plus payment to:

Dr. Brynah Schneider 389 Hyde Park Rd. Suite 1, London ON N6H 3R8

Cancellation Policy: There is a \$200 cancellation fee up to 21 days prior to the course. After that time the balance of your fee can be transferred to an alternate EMDR Therapy Basic Training course pending availability. Trainees who interrupt their training due to circumstances beyond their control must complete the training within a 2 year frame.

Payment Plan available upon request.

For more information, please contact:
Brynah Schneider: 519-679-1952 email: brynahschneider@me.com
389 Hyde Park Rd. Suite 1, London ON N6H 3R8 or

Kathy Karn: 519-673-7703 email:kathykarn@me.com
389 Hyde Park Rd. Suite 1, London ON N6H 3R8