

*Fraser EMDR Training*: BASIC EMDR TRAINING COURSE REGISTRATION FORM  
(Please Print as Clearly as possible)

PARTICIPANT INFORMATION			
Last name:		First:	Degree (as you would like it to appear on your certificate):
Mailing address:		City:	Province:
			Postal Code:
Contact Number: Day (        ) Evening (        )		Email Address:	
How did you hear about us?  <input type="checkbox"/> Colleague (name):  <input type="checkbox"/> Other:		Name of Professional Association:  _____  Registration #: _____	

INFORMATION REQUIRED BY THE EMDR INTERNATIONAL ASSOCIATION (EMDRIA)			
In compliance with EMDRIA requirements, please ensure that the following is included with this registration form:			
Copy of your Degree (minimum, Masters level) <input type="checkbox"/>	Copy of Professional Association Membership <input type="checkbox"/>	Proof of Professional Liability Insurance (if in private practice) <input type="checkbox"/>	Copy of Part Once Basic EMDR Course Certificate (if applicable) <input type="checkbox"/>

COURSE OPTIONS
<p>Part One, Part Two &amp; 10 hours of EMDRIA-Approved Consultation must be completed before a Certificate can be issued. Please check which course(s) and location you are registering for.</p> <p align="center"><b>2008 – 2009 Schedule</b></p> <p align="center"><i>Full Course: 7 days - Parts One &amp; Two-includes 30 didactic hours &amp; 20 practicum hours.</i> Part One – 3.5 days Part Two – 3 days</p> <p>Thunder Bay: Part One: Sept. 28-Oct. 1/08 <input type="checkbox"/> Part Two: Nov. 20-22/08 <input type="checkbox"/> Toronto: Part One: Oct 23-26/08 <input type="checkbox"/> Part Two: Jan 29-31/09 <input type="checkbox"/> Part One: May 28-31/09 <input type="checkbox"/> Part Two: Oct 1-3/09 <input type="checkbox"/></p> <p>Ottawa: Part One: Feb 12-15/09 <input type="checkbox"/> Part Two: May 7-9/09 <input type="checkbox"/> Winnipeg: Part One: April 23-26/09 <input type="checkbox"/> Part Two: June 12-14/09 <input type="checkbox"/></p> <p align="center">Halifax: Part One: Nov 13-16/08 <input type="checkbox"/> Part Two: March 26-28/09 <input type="checkbox"/></p> <p align="center"><i>Part Two Only: 3 days - 15 didactic hours/8 practicum hours.</i></p> <p><i>Timetables: all courses run from 8 am to 5 pm; lunch (cost not included) 12 pm to 1 pm; Part One course ends at 1 pm on the 4<sup>th</sup> day.</i></p> <hr/> <p><i>Fraser EMDR Training, Optional Consultation Package (group teleconference consultations). You can complete your mandatory 10-hours' consultation with any EMDRIA-Approved Consultant. Or, complete your hours with us. We offer five 2-hour teleconference consultations, two following Part One and three following Part Two at a cost of \$250 + GST. Please note: the Consultation Schedule will be brought to each course and the teleconferences typically start about 2 weeks after each Part is completed. Any of our 2-hour consultations are also available for \$50 + GST per consultation. Please see policies, cost &amp; payment method options for further details.</i></p> <p>Note that a \$30 fee will be charged for any previously scheduled missed calls (if you cancel in advance, we will try to include you in an alternative call).</p>

**POLICIES, COST & PAYMENT METHOD OPTIONS**

**Policies:**

There is a \$50 cancellation fee up to 30 days prior to the course start date and a \$100 cancellation fee thereafter. Transfers to an alternate course are permitted without penalty pending availability. Fraser EMDR Training reserves the right to cancel or postpone course dates. Courses are typically confirmed at the 30-day mark. If paying by cheque and using any of the payment options (listed below), please post-date each cheque appropriately i.e. no more than 30 days prior to the start date of the course. Credit card payment plan options will also be processed 30 days prior to each course start. Please mail or fax completed Course Registration Form to: Fraser EMDR Training, Attn: Barbara Horne, 201-93 Ontario St, St. Catharines, ON L2R 5J7, Fax: (905) 687-6865, Tel: (905) 687-6866 for information. Note that all receipts will be issued at the course.

**Cost Options:**

**Total:**

**Early Bird Specials**

If *registering* and paying at least 30 days before the start of each course:

- Option 1) *Early Bird* (savings of \$105): \$1500 + \$75 GST = \$1575   
 Part One & Part Two: registered & paid in full 30 days prior to the start date of Part One.
- Option 2) *Early Bird* Payment Plan: 2 x \$750 + 2 x \$37.50 GST = \$787.50   
 (Part One payment dated/debited now) \$787.50   
 Part Two payment of dated/debited 30 days before Part Two)
- Option 3) *Early Bird* Part Two only (if previously completed Part One) = \$750 plus \$37.50 GST = \$787.50

**Full Fee Payment**

If registering and paying 29 days or less prior to the start of each course:

- Option 4) Part One & Part Two: \$1600 + \$80 GST = \$1680
- Option 5) Payment Plan: 2 x \$800 + 2 x \$40 GST = \$840.00   
 (Part One payment dated/debited now) \$840.00   
 Part Two payment of dated/debited 30 days before Part Two)
- Option 6) Part One or Part Two Only: \$800 + \$40 GST = \$ 840

**Consultation Packages**

If you want to join our optional Consultation Package:

- Option 7) The Complete Package (five 2-hour group teleconference consultations) = \$250 plus \$12.50 GST = \$262.50
- Option 8) I wish to attend \_\_\_\_\_ # of group teleconference consultations @ \$50 each plus \$2.50 GST = \$ \_\_\_\_\_
- Option 9) I will complete the required 10 mandatory hours with another EMDRIA-approved Consultant or choose to select and pay for the Consultation Package at a later date.

Total Payment(s) Carried From Above:

- Option 1 (1 payment of \$1575) \$ \_\_\_\_\_
- Option 2 (2 payments of \$787.50) \$ \_\_\_\_\_
- Option 3 (1 payment of \$787.50) \$ \_\_\_\_\_
- Option 4 (1 payment of \$1680) \$ \_\_\_\_\_
- Option 5 (2 payments of \$840) \$ \_\_\_\_\_
- Option 6 (1 payment of \$840) \$ \_\_\_\_\_
- Option 7 (1 payment of \$262.50) \$ \_\_\_\_\_
- Option 8 (1 payment of \_\_\_\_\_ # @ 52.50 each) \$ \_\_\_\_\_
- Total: \$ \_\_\_\_\_

**Payment Method Options:**

**Cheque**

I have enclosed \_\_\_\_\_ # of Cheque(s) dated accordingly and paid to the order of Barbara Horne.

**Credit Card**

Visa  Mcard  Amex

I agree to \_\_\_\_\_ # of payments to be debited from my card.

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (last 3 digits on back of card)

Signature: \_\_\_\_\_