

**Excellence in EMDR with Kathy Karn M.Ed. & Brynah Schneider Ph.D., C.Psych
Friday Feb. 10th & Saturday Feb. 11th 2012. 8:30 - 4:30**

Registration Form:

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

Street Address: _____

City, Province: _____ Postal/Zip Code _____

Email: _____

Phone (day): _____ Phone (evening): _____

Highest Degree: _____ Field of Study: _____

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

Licensing Body & Registration Number: _____

Employer & Accreditation Body: _____

Year you completed your basic EMDR training: _____

Who was your trainer? _____

How many EMDR sessions do you do per week? _____

What is your client population? _____

Fee: \$395 + HST 30 days prior to event or \$425 + HST thereafter.

Please make cheque or 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 (the last 3 digits on the back of your card): _____

Name of Card Holder: _____

Mail or fax 519-657-9984 your 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 \$50 cancellation fee up to 8 days prior to the course.
After that time balance of your fee will only be refunded if we can fill your place.

For more information contact:

Kathy Karn 519-657-7762 email:kathykarn@me.com

Brynah Schneider 519-679-1952 email: brynahschneider@me.com