**EMDR Therapy Training Registration**

**Trainer: Jennifer Harwood, LCSW, LCAC**

**EMDRIA Certified EMDR Therapist and Approved Consultant**

**Affiliate Faculty EMDR Trainer with Institute for Creative Mindfulness**

PLEASE COMPLETE IN FULL AND FAX. MAIL OR EMAIL BACK

Clinician Name Registering\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Locations and Date of Training Registering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Type and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am sending in a check or money order. (***Please mail this form along***)
* I would like to pay by credit or debit card. Please invoice me at above email.
* I have or will pay on PayPal link on website.

Date Submitted; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FAX TO 888-852-3390 or email** [**J.Lharwood@icloud.com**](mailto:J.Lharwood@icloud.com)

**Thanks! I look forward to seeing you there! Jennifer**