

Registration - Group Teleconference

Name: _____

License Title (EG: LPC, Psy.D etc)_____

License Number: _____

Address:_____

Phone (most reachable) _____

E-mail: _____

Online registration and payment, and our Cancellation Policy can be found on our website at

www.clearpathtrainingcenter.com/Events

Register online or Mail completed registration form, with payment, to

ClearPath Healing Arts Center
3835 North Falls Road
Burdett, NY 14818

Contact Andrew on (607) 703 0510 or Seuberta@mac.com

For further information about our pathway to Full EMDR certification please visit our Website on this link here -

www.clearpathtrainingcenter.com/emdr-full-certification-package

Package Fees:

\$165.00

Amount Enclosed: \$ _____

Make checks payable to

ClearPath Healing Arts

And mail to -

3835 North Falls Road

Burdett NY 14818

or register online at our secure website.

www.ClearPathTrainingCenter.com

*For further inquiries contact Rose on
607 703 0510 or*

Info@clearpathtrainingcenter.com