



Virtual Basic EMDR Training Registration Form
Chandra Nagireddy, Ph.D., LMFT

Name: _____ Degree** _____ License* _____ State _____
Street: _____ City: _____ State _____ Zip _____
Email (Personal) _____ Cell Phone _____
Employer: _____ City _____ State _____ Zip _____
Email (work) _____ Work Phone _____

*If you are not yet licensed, please attach a letter from a licensed therapist stating that you are under his/her clinical supervision
** If you are an intern in a Graduate Program, please attach your transcript, completed internship hours, and a letter from your internship/clinical supervisor

Training Location _____ Training Start Date _____

Table with 2 columns: Fee Category, Amount. Rows include Tuition (\$1350), Student Discount (\$100), Non-Profit Agency Discount (\$100), University/Non-Profit Agency Sponsored Training (\$200), and Audit (Must have completed EMDRIA Approved Basic Training) (\$700).

Method of Payment

Check # _____
Credit Card [Please see the page down below]

Refunds: (All refunds carry \$35 processing fee)
Full refund for any cancellations 30 days prior to the Training
\$1000 refund for any cancellations 14 days prior to the Training
No refunds for any cancellations during the 13 days preceding the Training
Full refund if you find a replacement to take your place in the Training at any time

Certificate of Completion: Participants will receive the Certificate of Completion only upon completing the 90 hours/10 Days of the Training in its entirety

Signature _____ Date _____

Please send the Registration to
By Mail: Dr. Chandra Nagireddy, 6314 Confederate Ridge Drive, Colorado Springs, CO 80923
By Fax: 719-550-4100 By Email: Email: chandra@emdrtrainingacademy.com



CREDIT CARD AUTHORIZATION FOR EMDR BASIC TRAINING
scheduled to start on

I _____ hereby authorize
EMDR Training Academy to charge my credit card an amount of \$ _____

[If you prefer to make the payment in 4 installments for an additional service charge of \$50, please check the box below]

Payment Plan Option (Add \$50 Service Fee)

I _____ here by authorize
EMDR Training Academy to charge my credit card an amount of _____ in four equal
installments as specified below or later:

First Installment: Thirty Days before the start of the Training
Second Installment: The start date of the Training
Third Installment: Thirty days after the start date of the Training
Fourth Installment: Sixty days after the start date of the Training

Credit Card Information

Name on the Credit Card _____

Visa Mastercard

Expiration Date: _____ 3 Digit Security Code: _____

Billing Address:

Street _____ House/Apt # _____

City _____ State _____ Zip _____

Name

Signature

Date

Note: For security reasons, this paper authorization will be shredded as soon as the payment is charged in full. If it was sent in a digital format as an attachment to the email, the email with all the attachments will be deleted after the authorization is printed in paper format.