



**EMDRIA APPROVED CONSULTATION**

Chandra Nagireddy, Ph.D., LMFT

**PAYMENT AUTHORIZATION FOR CONSULTATION  
LEADING TO EMDRIA CERTIFICATION**

Name: \_\_\_\_\_ Degree \_\_\_\_\_ License \_\_\_\_\_ State \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email (work) \_\_\_\_\_ Work Phone: \_\_\_\_\_

**CREDIT CARD PAYMENT AUTHORIZATION**

I \_\_\_\_\_ hereby authorize EMDR Training Academy to charge my credit card for an amount of \$1200.00 toward Ten hours of Individual Consultation and Ten hours of Group Consultation leading to EMDRIA Certification.

**Credit Card Information**

Name on the Credit Card: \_\_\_\_\_

Visa     Master Card

16-Digit Number

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Expiration Date:

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Security Code:

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**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.