



EMDR Basic 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 _____

Tuition	\$ 1350
Student Discount	\$ 100
Non-Profit Agency Discount	\$ 100
University/Non-Profit Agency Sponsored Training	\$200
Audit (Must have completed EMDRIA Approved Basic Training)	\$ 700

Method of Payment

Check # _____

Credit Card [Please download the Credit Card Authorization Form (CCAF) from the web site
www.emdrtrainingacademy.com and send it along with this Registration Form]

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

Certificate of Completion: Participants will receive the Certificate of Completion only upon completing the 80 hours of the Workshop in its entirety

Signature Date

Please send the Registration to
By Mail: Dr. Chandra Nagireddy, 2130 Academy Cricle, Suite B, Colorado Springs, CO 80909
By Fax: 719-550-4100 By Email: [Email: chandra@drchandra.com](mailto:chandra@drchandra.com)



CREDIT CARD AUTHORIZATION FOR EMDR BASIC TRAINING
scheduled to start on _____

I _____ SS# _____ hereby
authorize EMDR Training Academy to charge my credit card for an amount _____

[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 _____ SS# _____ here by authorize
EMDR Training Academy to charge my credit card an amount of _____ in four equal
installments as specified below:

- 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
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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.