



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

Name: \_\_\_\_\_ Degree\*\* \_\_\_\_\_ License\* \_\_\_\_\_ State \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Fees (Check one box)**

Registrations postmarked 30 days prior to training date	\$ 1300
Registrations postmarked 29 days or less prior to training date	\$ 1400
Audit (Must have completed EMDRIA Approved Basic Training)	\$ 700
Student Discount	\$ 100
Non-Profit Agency Discount	\$ 100
University/Non-Profit Agency Sponsored Training	\$ 200

**Method of Payment**

Check # \_\_\_\_\_

Credit Card [Please complete the Credit Card Authorization form (CCAF)]

**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: [chandra@emdrtrainingacademy.com](mailto:chandra@emdrtrainingacademy.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.