

Sensorimotor Psychotherapy Training for Trauma Treatment application form

Milan, March 13-16; July 10-13; October 9-12, 2014

Name		
	(as printed on the certificate)	
Place of birth	Country	
Date of birth		
Address		
	Zip Code	
Tax Code	(mandatory for credits registration)	
VAT Number	(mandatory for invoicing)	
Profession		
Date of licensure in psychol	erapy	
Mobile	E-mail	

I AM AWARE THAT

- The training is reserved to licensed psychotherapists, or Psychologists attending their fourth year
 of training in an officially recognized Psychotherapy Specialty School;
- The attendance certificate shall be issued only upon completion of the 12-days training course;
- Issue of such certificate is subject to the decision of the Sensorimotor Psychotherapy Trainer;
- The training dates may be changed for failure to reach the minimum number of participants or for force majeure (e.g., Trainer's illness); in case of failure to start the Training, Psicosoma shall immediately refund the full amount paid upon registration;

- In case of trainee's waiver, the registration fee shall be refunded within one week from Training start, subject to a cancellation fee of 150€;
- Any further information can be requested to Psicosoma at the following e-mail address: info@psicosoma.eu
- The registration is finalized only upon transmission of the following documents by e-mail to info@psicosoma.eu:
 - Copy of the application form duly filled;
 - Signature of the confidentiality agreement;
 - o Copy of the bank transfer.

APPLIES

• for registration to the Sensorimotor Psychotherapy Training to be held in Milan on the following dates: March 13-16; July 10-13; October 9-12, 2014, at the Doria Grand Hotel, Via A. Doria, 22 (www.doriagrandhotel.it)

PAYMENT MODE

Bank t	ransf	er to t	he orde	r of Psic	cosoma	SNC	, Via	E. Bi	anch	i, 18	- 2	0090	– Se	grate	(MI), Bar	nco d
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