



**PSICOSOMA**

Formazione in Psicoterapia Integrata

***Sensorimotor Psychotherapy Training for Trauma Treatment***

**application form**

**Milan, June 28 –July 1 2012; October 11-14 2012; February 14-17 2013**

Name \_\_\_\_\_  
(as printed on the certificate)

Place of birth \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax Code \_\_\_\_\_  
(mandatory for credits registration)

VAT Number \_\_\_\_\_  
(mandatory for invoicing)

Profession \_\_\_\_\_

Date of licensure in psychotherapy \_\_\_\_\_

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](mailto:info@psicosoma.eu)
- **The registration is finalized only upon transmission of the following documents (preferably) by e-mail to [info@psicosoma.eu](mailto:info@psicosoma.eu), or by fax at: +39 02 20 40 48 40:**
  - Copy of the application form duly filled;
  - Signature of the confidentiality agreement;
  - Copy of the bank transfer.

### **APPLIES**

- for registration to the Sensorimotor Psychotherapy Training to be held in Milan on the following dates: June 28-July 1 2012; October 11-14 2012; February 14-17 2013, at the Doria Grand Hotel, Via A. Doria, 22 ([www.doriagrandhotel.it](http://www.doriagrandhotel.it))

### **PAYMENT MODE**

- Bank transfer to the order of Psicosoma SNC, Via E. Bianchi, 18 – 20090 – Segrate (MI), Banco di Brescia, Ag. Mi 20, IBAN: IT19X0350001621000000023401, reason for payment: "Sensorimotor Milano 2010"
  - 800€ for each training module
  - Lump sum payment of 2,100€ (instead of 2,250)

Date

Signature

\_\_\_\_\_

Pursuant to Legislative Decree 196/03 the data requested shall be used only for the institutional reasons stated in Psicosoma bylaws and all parties involved may avail of the provisions of articles 7, 8, 9 and 10. I hereby explicitly authorize Psicosoma snc to process my personal data under Legislative Decree 196/03.

Signature for consent

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