



TRAINING LOCATION :

TRAINING DATE :

ADVANCE SUPERVISION FOR CONSULTANT MASTERCLASS BY UDI OREN...

REGISTRATION FORM

MRS MR

NAME & FIRST NAME:

PROFESSION & TITLE:

POSTAL ADDRESS:

PHONE: MOBILE:

E-MAIL:

PLACE OF WORK:

TYPE D'EXERCICE: CABINET INSTITUTION

INDIVIDUAL FINANCING - INVOICE ADDRESS:

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INSTITUTIONAL FINANCING - ADDRESS OF THE ORGANIZATION TAKING CHARGE OF TRAINING:

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RESPONSIBILITY FOR THE APPLICATION:

PHONE: E-MAIL:

INITIAL EMDR TRAINING:

LEVEL I : DATES : EMDR EUROPE TRAINER:

LEVEL II : DATES : EMDR EUROPE TRAINER:

EMDR EUROPE SUPERVISORS:

ACCREDITATION DATE AND SUPERVISOR'S NAME EMDR EUROPE:

SEMINARS EMDR FOLLOWED IN CONTINUING TRAINING:

I, the undersigned, certify that I have read the information and conditions stipulated in the presentation of the course and wish to register with the ADVANCE SUPERVISION FOR CONSULTANT MASTERCLASS

LOCATION :

DATE :

SIGNATURE :

This information is for the sole use of the French School of Psychotherapy EMDR. It may also be used by the EMDR France Association. If you would prefer not, check the box

To exercise your right, in accordance with Article 34 of the Data Protection Act, write directly to the school: efpe.info@gmail.com

REGISTRATION APPLICATION COMPRISING OF:

- The registration form completed and signed
- A picture

A payment link accompanied by an agreement will be sent by email following your registration.

SEND YOUR FILE BY EMAIL TO: EFPE.INFO@GMAIL.COM

AS THE NUMBER OF PLACES ARE LIMITED, THE REGISTRATION WILL BE VALIDATED BY ORDER OF ARRIVAL OF THE COMPLETE APPLICATIONS. YOUR REGISTRATION IS PROCESSED AFTER THE 10 LEGAL DAYS OF WITHDRAWAL.



EMDR FORMATION - EFPE

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