

**Excellence in EMDR with Kathy Karn M.Ed. & Brynah Schneider Ph.D., C.Psych**

**Registration Form:**

Name (as you want it on your certificate): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Professional Registration: (e.g, RSW, C.Psych, etc.) \_\_\_\_\_

Licensing Body & Registration Number \_\_\_\_\_

Employer & Accreditation Body \_\_\_\_\_

Year you completed your basic EMDR training: \_\_\_\_\_

Who was your trainer? \_\_\_\_\_

How many EMDR sessions do you do per week? \_\_\_\_\_

What is your client population? \_\_\_\_\_

Do you understand that you will be participating in a practicum during part of this workshop? Yes  No

**Fee:** \$295 + \$14.75 GST 14 days prior to event or \$325 + \$16.25 GST. In addition, a \$75 conference package that covers 3 daily snacks (beginning with breakfast) beverages and Saturday lunch.

**Please make cheque/money order payable to:**

Dr. Brynah Schneider 389 Hyde Park Rd. Suite 1, London ON N6H 3R8

Visa - Card Number: \_\_\_\_\_

Security Number (the last 3 digits on the back of your card): \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Expiration (MM/YY): \_\_\_\_\_

**Mail or fax 519-657-9984 your completed Course Registration Form to:**

**Dr. Brynah Schneider 389 Hyde Park Rd. Suite 1, London ON N6H 3R8**

**Cancellation Policy:**

There is a \$50 cancellation fee up to 8 days prior to the course. After that time balance of your fee can be transferred to an alternate EMDR workshop pending availability.

**For more information, please contact:**

**Brynah Schneider** - ph: 519-679-1952 fax: 519-657-9984 email: brynahschneider@me.com  
389 Hyde Park Rd. Suite 1, London ON N6H 3R8 or **Kathy Karn** - ph: 519-657-7762  
fax: 519-657-0277 email:kathykarn@me.com 1845 Woodhull Rd. London ON N6K 4P3