## Registration for the Advanced Seminar: Integrating Ego State Therapy and Structural Dissociation with EMDR Therapy

| Name:   |                 |   |  |
|---|-----------------|---|--|
| Professional License:                               | Licens          | se #:   |  |
| Mailing Address:                                    |                 |   | Pleaso                                       |
| City:   |                 | Zip:  |  |
| Email:  |                 |   |  |
| Telephone(s): Work:                                 | Cell:           |   | _ Home:                                      |
| -   | -               | ble for paying for all<br>\$160) is required to | •  |
| Yes! I want to participate ments. I understand that |                 |   | IINAR and meet the require-<br>ten meetings. |
| Signature:  |                 |   | _ Date:                                      |
| I AM REGISTERING FOR                                | THE:            |   |  |
| 3rd Friday Sessi<br>3rd Tuesday Ses                 | one (9/16/16-6/ |   |  |

Please return this completed form to me

by fax: 413-253-6389

or by mail:

1164 South East Street Amherst, MA 01002

This seminar is held in facilities which are in compliance with the Americans with Disabilities Act. Please contact Farnsworth Lobenstine at 413-256-3637 if special accommodations are required. Farnsworth Lobenstine maintains responsibility for this program and its content in accordance with EMDRIA standards.