



REGISTRATION FORM

SENSORIMOTOR THERAPY TRAINING

LEVEL 1: Affect Dysregulation, Survival Defenses and Traumatic Memory

FIRST-LAST NAME _____

PLACE OF BIRTH _____

DATE OF BIRTH _____

ADDRESS _____ N° _____

CITY / COUNTRY _____ ZIP _____

PROFESSION _____

CELL. TEL. _____ EMAIL _____

The Training is composed of **12 days divided in 3 modules**. Registration for the Training is intended for all the training days. **It is not possible to take part only to a single training day or module.**

CANCELLATION

The Training has a limited number of participants, in case of late cancellation, a renounce fee will be considered. From 1 month before training start: 5%, 1 week: 10%.

REGISTRATION VALIDITY

Enrollment is valid after sending following documentation by Email at info@sensorimotor-training.ch:

- **Copy of this Module**
- **Signed Confidentiality Agreement**
- **Copy of bank payment to:**

BrainARC-Ticino, 6613 Porto Ronco
IBAN: CH21 8080 8004 3084 6356 7
SWIFT-BIC: RAIFCH22

THE UNDERSIGNED IS ASKING

To be enrolled for the Sensorimotor Therapy Training, Level 1, Affect Dysregulation, Survival Defenses and Traumatic Memory that will be held in Ascona, Switzerland in the period March - September 2020.

INFORMATION

About the training, location and payment methods by Training Secretariat:
Email: info@sensorimotor-training.ch - Tel.: +41 76 210 27 97

DATE _____ SIGNATURE _____