

EMDR Beyond Basics Registration

Full Name	Lic	Contact Email	Contact Phone

Initial	Attestations - Terms - Conditions
	I have completed EMDR Basic Training
	In the event that the Participant needs to cancel their registration, the Participant may request that their training fee be applied as a credit towards a future training workshop hosted by the Organizer. This credit must be used within one calendar year from the date of the original training unless otherwise approved by the training provider.
	The Participant acknowledges and understands that participating in the mental health training workshop may involve certain risks. The Participant voluntarily assumes all risks associated with their participation, including but not limited to physical or emotional injury, illness, or property damage.
	In consideration of being allowed to participate in the mental health training workshop, the Participant hereby releases, waives, discharges, and holds harmless the Organizer, its officers, employees, agents, and representatives from any and all claims, liabilities, damages, demands, actions, or causes of action arising out of or related to the Participant's participation in the workshop
	I understand that unprofessional conduct creating unsafe learning environments will result in ejection from the workshop with forfeiture of registration fee.
	I understand by submitting a signed registration I am obligating myself to pay the workshop fee of \$200 to Compass Solutions. Payment can be rendered via Venmo @jason-johnson-1050 or via check payable to Compass Solutions and mailed to Compass Solutions at 1014 Hemingway BLVD Nampa ID 83651. The complete training fee is due prior to the start of the training to attend and participate.

The following questions are optional. Responses are **separated from the identity of the writer** and intended to enrich the workshop experience for all participants by being collected, addressed, and made available to all participants. Feel free to email responses if more room is needed than what was provided when submitting this registration sheet to jason@compasssolutionspllc.com.

- Please indicate any specific topics or areas of interest you would like to focus on.

- Please indicate any specific questions you have or have been asked regarding EMDR you want addressed.

- Please indicate issues you are experiencing with using EMDR standard protocol.

Signature (ink or digital accepted)

Date