



TRAINING LOCATION : .....

TRAINING DATE : .....

## EMDR EUROPE CONSULTANT TRAINING 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 TRAINING - INVOICE ADDRESS:

.....

CONTINUING TRAINING - ADDRESS OF THE ORGANIZATION TAKING CHARGE OF TRAINING:

.....

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 UDI OREN - CONSULTANT TRAINING

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](mailto:efpe.info@gmail.com)

REGISTRATION APPLICATION COMPRISING OF:

- The registration form completed and signed
- A identity picture
- The payment ..... (cheque made payable to : EMDR FORMATION)

**SEND YOUR REGISTRATION APPLICATION TO : EFPE - 46 RUE DU LANGUEDOC - 31000 TOULOUSE**  
**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, POSTMARK BEING TAKEN AS PROOF.**

EMDR FORMATION - EFPE

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