



Rapid recovery from trauma & other mental health problems

Location: _____
Date: _____

**Registration Form for Basic ART Training**

Name	
Home Street Address	
City, State/Province, Zip/Postal Code	
Is this your billing address?	YES or NO
Home Phone	
Cell Phone	
Work Phone	
Fax Number	
Email Address	
Professional License Number, State and Type	
Area of Practice	
Location of Practice	
How Long in Practice?	
Have you ever been trained in or used an eye movement therapy?	
How did you hear about us?	
Payment Amount in USD	\$1500.00 USD (3-day Basic ART Training)
Check #	
Driver License # /State	
Credit Card # (Mastercard, Visa, Discover, AMEX)	
Exp. Date	
Security Code (last 3 digits on back of card for VA, MC, Discover or 4 digits on front of card for AMEX)	

**Registration Policy:**

If requested, a full or partial refund of any payment will be considered only if stated, in writing, at least 72 hours prior to the start date of the seminar.

RCRR reserves the right to access a cancellation fee of \$100. Registrants requesting a transfer of funds to a future training date will be assessed a \$50 transfer fee and be eligible to attend for a period of 6 months from date of original payment.

If for any reason, RCRR cancels or reschedules a seminar after receipt of your payment, you may transfer your funds to a future seminar or request a refund and such request will not be unreasonably denied.

**Mail to:**

RCRR  
12472 Lake Underhill Rd. ,#398  
Orlando, FL 32828

**Fax to:**

407-650-2828

**Email to:**

Robin@AcceleratedResolution  
Therapy.com

**Call:**

877-675-7153