

Registration Form
The Interior Life of the Family:
Integrating EMDR and Contextual Family Therapy

The Promenade Conference Room
6450 South Revere Parkway
Centennial, Colorado 80111

Contact Information:

Name: _____

License Type/State: _____ Lic. # _____

Street Address: _____

City, State, Zip: _____

Email address: _____

Phone: (____) _____ FAX: (____) _____

I completed my EMDR Training on: *: _____

**Completion of EMDR Basic Training or Level 2 Training is required*

Conference Fee:

Early Registration (Before January 18, 2010)\$325 \$ _____

Standard Registration \$375 \$ _____

HAP Trainees \$199 \$ _____

TOTAL DUE: \$ _____

Payment Options:

- Check: Payable to “Human Dynamics Associates” mail to:

Barry Litt
Human Dynamics Associates
85 Warren Street
Concord, NH 03301

- Credit Card: All major cards accepted. Use PayPal link on the website (barrylittmft.com) on the “Workshop Registration” page.

Refund Policy: Refund (minus \$50 administration fee) when canceling 7 days before the Workshop. No refund if canceling within 7 days of the workshop.

Return form to above address or FAX to 603-774-6107