

REGISTRATION
EMDR REGIONAL TRAINING 2015
Dr. E. C. Hurley, Ph.D, Trainer
291 Clear Sky Court, Suite D, Clarksville, TN 37043 - (931) 553-6981
Registration for () Spring; () Summer; () Fall; () Winter Training 2015

Name: _____

Degree: _____ License (psychologist, LMFT, LCSW, etc) _____

License Number: _____ State(s) Licensed: _____

Business Address: _____

Phone: (business): _____ (Cell): _____

Email address (business): _____

Email address (Personal) _____

PAYMENT INFORMATION

Payment: () Check enclosed for the amount of \$ _____

Check #: _____ Make check payable to **Dr. E. C. Hurley**

Mail to: Soldier Center, 291 Clear Sky Court, Suite D, Clarksville, TN 37043

Credit card () VISA () MasterCard

Name on card: _____

Card Number: _____ Exp Date: _____

Security Code (on card): _____

Billing Address (same as your credit card):

Street or PO Box: _____

City: _____ State: _____ Zip Code: _____

Comments: _____

Point of Contact for Registration: Nancy Hurley, RN, hurleynm@gmail.com – (931) 553-6981