



International Center for Excellence in Emotionally Focused Therapy

Suite 201, 1869 Carling Avenue, Ottawa, ON, Canada K2A 1E6
Phone (613) 722-5122 Fax (613) 722-0250 www.eft.ca

**ICEEFT
Registration
Form**

Instructions

1. Print this form out, complete the registration information and indicate for which EFT training event you are registering.
2. Mail your cheque payable to **ICEEFT Inc.** to the address shown above, or if paying by Visa, fill in information and mail or fax to 613-722-0250. Include this form.

Registrant Information*

Name _____

Professional Affiliation _____ Institution _____

Mailing Address _____

City _____ Province/State _____ Postal Code/ZIP _____

Phone () _____ Fax () _____ E-mail _____

Card Number: _____ Expiry Date: _____

Cardholder Name: _____ Cardholder Signature: _____

EVENTS

EFT 4-day Externship, Ottawa (date: _____) \$950

EFT 2-day Advanced Externship, Ottawa (date: _____) \$425

EFT Teleconference Small Group Series w/Sue Johnson (date: _____) \$525

Note: This form recognizes that you are paying for the above event(s).

YOU WILL BE REGISTERED FOR EACH EVENT UPON RECEIPT OF PAYMENT.

Training Events are run by the Ottawa Couple and Family Institute Inc. in association with
The International Center for Excellence in EFT.

TOTAL SUBMITTED \$ _____