



SOMATIC EXPERIENCING ® ITALIA

Somatic Experiencing ® - ITALY
Association **Progetto Somamente**

APPLICATION FOR REGISTRATION:
TRAINING 2015 – 2018 IN SOMATIC EXPERIENCING ®

I, the undersigned

Full name -----

Date and place of birth -----

Address with Zip .-----

----- phones -----

e mail ----- Any website -----

- I would like to subscribe to the Formation of Somatic Experiencing ® 2015-2018
- I have read the program of training and certification program.
- I undertake to pay the deposit within 15 days of confirmation of admission to the first seminar. This amount will be kept by the Project Somamente as a commitment of my participation in the entire training and will be scaled from the last seminar to be held in spring 2018.
- I undertake to pay the cost of each workshop before classes begin.

The deposit and any seminars can be paid:

- By check made payable to the Association Somamente
- By bank transfer to: Association Project Somamente:
IBAN: IT97 Y050 1801 6000 0000 0126 455 BIC: CCRTIT2T84A

Enclose

- Short professional curriculum indicates the actual work and the main interest in the formation SE (A recent photo is acceptable)

They are in good ◊ physical, emotional and mental health and may participate in normal activities proposed.

want to report the ◊ following problems related to my health that may require attention than the proposed activities in the seminars offered (problems of physical, mental, medicinal committed ...).

Signature _____ Date _____

According to Art. 10, Law 675/96 on "protection of persons or other subjects regarding the processing of personal data. Authorize the association plans to SOMAMENTE to keep my personal information in its archives for use. Informative and administrative.

Signature _____ Date _____

Send us subscriptions as soon as possible to ensure your participation in training and facilitating the organizational work.