



Rapid recovery from trauma & other mental health problems

Location: _____ Date: _____
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**Registration Form for Basic ART Training**

<b>Name</b>	
<b>Home Street Address</b>	
<b>City, State/Province, Zip/Postal Code</b>	
<b>Is this your billing address?</b>	<b>YES or NO</b>
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Work Phone</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>Professional License Number, State and Type (REQUIRED)</b>	
<b>Payment Amount in USD</b>	<b>\$1600.00 (3-days)</b>
<b>Check # (If paying by check also provide Driver License # /State)</b>	
<b>Credit Card # (Mastercard, Visa, Discover, AMEX)</b>	
<b>Exp. Date</b>	
<b>Security Code</b> <small>(last 3 digits on back of card for VA, MC, Discover or 4 digits on front of card for AMEX)</small>	
<b>Cardholder Name &amp; Billing Address</b>	

**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 assess 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  
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Orlando, FL 32828

Fax to:  
407.650.2828

Email to:  
Robin@AcceleratedResolution  
Therapy.com