



Rapid recovery from trauma &  
other mental health problems

Training Location: \_\_\_\_\_

Training Date: \_\_\_\_\_

### Registration Form for Advanced ART Training

Name	
Home Street Address	
City, State/Province, Zip/Postal Code	
Is this your billing address?	YES or NO
Home Phone	
Cell Phone	
Work Phone	
Fax Number	
Email Address	
Professional License Number, State and Type (REQUIRED)	
Payment Amount in USD	\$1700.00 (3-days)
Check # (If paying by check also provide Driver License # /State)	
Credit Card # (Mastercard, Visa, Discover, AMEX)	
Exp. Date	
Security Code (last 3 digits on back of card for VA, MC, Discover or 4 digits on front of card for AMEX)	
Cardholder Name & Billing Address	

#### 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

12472 Lake Underhill Rd. #398  
Orlando, FL 32828

Fax to:

407.650.2828

Email to:

Robin@AcceleratedResolutionTherapy.com

30 ART Sessions completed

Yes

No

\*Payment plan available. Minimum deposit is \$500. Not amount to pay above. Balance is due 1 week prior to training start date.

Email log to [Robin@AcceleratedResolutionTherapy.com](mailto:Robin@AcceleratedResolutionTherapy.com)