

CHECK Registration Form

NOTE – If you are paying your tuition in full with a credit card, please register and pay online. Our online system is fast, easy and available 24 hours a day. Visit www.traumahealing.org, find your training on the Training and Event Schedule, and click on the “Register Now” button. Our online registration system meets the highest standards of credit card payment security.

Name _____

Address _____ **City** _____

Province or State _____ **Postal Code** _____

Country _____ **Phone** _____

Student Account E-mail _____

Training Level (i.e. Beg II) _____ **Dates** _____

Cohort Location (city/state)** _____

Tuition Amount Due/Enclosed \$ _____

To receive the Early Registration price, your check must be postmarked by the early registration deadline

Payment Details:

Check # _____ or Money Order made payable to SE Trauma Institute (enclosed)

Student Signature _____ Date _____

Return to:
Somatic Experiencing Trauma Institute
5303 Spine Rd, Suite 204, Boulder, CO 80301
OR SCAN TO: Registration@traumahealing.org