



EMDR 808 Pacific Counseling

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Training Payment Agreement

To be filled out and returned to emdr808@gmail.com

Name _____ Date _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: (____) _____ Email: _____

Training Date and Location _____

Please select the payment option that applies to you:

___ \$1500.00 Full Licensure

1/3 payment of **\$516.67** due at registration to hold your seat

2/3 payment of **\$516.67** due immediately following training Part 1

Final payment of **\$516.66** due immediately following training Part 2

___ \$1450.00 Non-Profit and Pre-Licensed

1/3 payment of **\$483.34** due at registration to hold your seat

2/3 payment of **\$483.33** due immediately following training Part 1

Final payment of **\$483.33** due immediately following training Part 2

I, _____ agree to abide by the above selected payment arrangement. Payments are to be made to EMDR 808 Pacific Counseling, Rhonda Kamai-Kekela, for EMDR Therapy Basic Training. I agree to satisfy the payments at the specified times and understand that failure to pay may result in the denial of attendance and/or the withholding of training completion certificate.

Signature

Date