



EMDR 808 Pacific Counseling

38 EAST 100 NORTH SUITE B, VERNAL, UT, 84078-2122  
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E-MAIL: EMDR808PACIFIC@GMAIL.COM

## Training Payment Agreement

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