

## NME Trainers Program - 2017 Nashville, TN Boot Camp Enrollment Form

**Sheraton Music City Hotel – Nashville, Tennessee  
October 24 & 25, 2017**

Email to [JRosenfelt@ChildTrauma.org](mailto:JRosenfelt@ChildTrauma.org); FAX to (713)-513-5465, mail with payment  
**- OR -**

Purchase online at <http://ctaproducts.org/nmtceboca.html>

Name: \_\_\_\_\_ School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Total # of Participants Enrolling: \_\_\_\_\_ (Enter names and email addresses for additional participants on pg.2)**

**The COST for the NMT Boot Camp is \$3500/person.**

Payment Method:	Check #	Credit Card # (Visa or MC) Expiration Date:	Total Fees (USD):	Purchase Order #:
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\*Checks should be made payable to "The ChildTrauma Academy." All checks must come from a US Dollar Account with the text "US Dollars" pre-printed on the check face. **Checks MUST be written from a US banking institution or US branch utilizing a US routing number.** Non-US participants should contact [JRosenfelt@childtrauma.org](mailto:JRosenfelt@childtrauma.org) to select and confirm a payment method or pay online through the link provided above.

**Send checks to:**  
The ChildTrauma Academy  
5161 San Felipe, Suite 320  
Houston, TX 77056

ALL PARTICIPANTS MUST SIGN and Return the below agreement at the time of enrollment:

As a participant in the NME Trainers Program, I understand that case content discussed and distributed is confidential and is only provided as part of the NMT Training experience. I also understand that content provided about the NME Classroom Tools, Reports, and Mini-maps are subject to copyright and may not be copied, adapted, redistributed, or distributed beyond their immediate clinical team or used in any way without specific, written permission from The ChildTrauma Academy. I understand that any live sessions may be recorded and distributed by CTA for educational purposes.

As a participant in the NME Trainers Program, I confirm that I have the support of my school principal to participate in this training experience and to share training content with colleagues at my school. I further confirm that my principal and school administration support future discussion and possible implementation of NME concepts and the use of the NME Online Classroom Tools upon my completion of this training program.

My signature below acknowledges this understanding and indicates that I accept the conditions as described herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name & Title \_\_\_\_\_

**Additional Participants (optional):**

If the Primary Contact listed above is NOT the participant, and/or if you are enrolling additional participants, please list their names and email addresses below:

Participants Name:

Participants Email Address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_