

NMT Training Certification - 2017 Nashville, TN Boot Camp
Enrollment Form

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

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

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

Name:

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 \$4500/person.

Payment Method:	Check #	Credit Card # (Visa or MC) Expiration Date:	Total Fees (USD):	Purchase Order #:
-----------------	---------	--	-------------------	-------------------

*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 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 NMT Training Certification 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 NMT Clinical Practice Tools and Metric reports 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.

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

NMT BOOT CAMP ENROLLEES WILL RECEIVE A FULL TRAINING PROGRAM LETTER OF AGREEMENT AND ATTRIBUTION POLICY TO SIGN AND RETURN BEFORE ENROLLMENT MAY BE FULLY COMPLETED.

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. _____