

Registration form

Training Workshop in Narrative Exposure Therapy (NET)

Surname: _____

First name: _____

Profession: _____

Address: _____

Mobile number: _____

Email: _____

Institution: _____

I hereby register bindingly for the NET course from September 06.-07., 2024. If accepted, I agree to pay the course fee.

Place and Date

Signature

The number of places on the course is limited and we will not be able to offer a place to everyone who applies. After the registration deadline we will let you know whether we can guarantee you a place on the course and, if necessary, send you further information about transferring the course fees, travel arrangements etc. If you are unable to attend the course despite a binding registration, you will receive a refund of half the course fee if you cancel four weeks before the start of the course. If you cancel at a later date, the course fee cannot be refunded. However, it is possible to find a replacement. We will also try to find a replacement with sufficient notice, but if this is not possible, the course fee cannot be refunded.