

# Registration form

## Advanced Workshop in Imago Therapy, June 2011

Please sign and return to

Réjane Marti  
Avenue C.-F. Ramuz 5  
1009 Pully  
Switzerland

or

Anouk Truchot  
Ruelle des Jardins 5  
1441 Valeyres-sous-Montagny  
Switzerland

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Instructor : Maya Kollman

Location : Crêt Bérard, Puidoux (*near Lausanne*), Switzerland

### Workshop dates

June 1<sup>st</sup> and 2<sup>nd</sup>, 2011, Advanced supervision

June 3<sup>rd</sup> to 5<sup>th</sup>, 2011, Advanced couples workshop for Imago therapists

Last Name, First Name \_\_\_\_\_

Street and number \_\_\_\_\_

Zip \_\_\_\_\_ Town \_\_\_\_\_

Country \_\_\_\_\_

Private phone \_\_\_\_\_ Prof. phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Cost and registration /cancellation terms

Advanced supervision: 600 CHF per person at registration

Advanced couples workshop for Imago therapists: 950 CHF per couple at registration

Discount for attending both trainings: CHF 50.-

### Payment plan

If you would like to have a payment plan, please contact AFTRI's treasurer with a proposal.

Pierre-Henri Cuendet AFTRI's Treasurer Ch. Des Ormeaux 20 CH-1066 Epalinges (Suisse) +41 (0)21 652 89 12 <a href="mailto:cuendet.ph@bluewin.ch">cuendet.ph@bluewin.ch</a>
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### Bill to address

Payments need to be done on the following account:  
(make sure to reference it with "June 2011 Workshop")

Address to: Association Francophone de Thérapie Relationnelle Imago  
2, rue du Môle, CH-1201 Geneva

Account number: 17-605072-2

#### *Additional information:*

IBAN: IBAN CH41 0900 0000 1760 5072 2

SWIFT / BIC Code: P O F I C H B E X X X

Bank: Swiss Post, PostFinance, Nordring 8, CH-3030 Bern

Clearing: 09000

Credit cards and checks are not accepted.

### Cancellation fees

- Prior to March 1<sup>st</sup>: full refund after deduction of CHF 30,- for processing fees.
- Prior to April 1<sup>st</sup>: 50% refund.
- After May 1<sup>st</sup> or during the training: no refund. In case of payment plan, remaining amount still needs to be paid.

**I am a certified Imago therapist or in the certification process**  
**I am attending the workshop with a certified Imago therapist**

Location and date :

Signature :