



TRAUMA GATES™

INTEGRATIVE SOMATIC THERAPY
FOR YOUR MIND, BODY AND SPIRIT.

INTENSIVE WORKSHOP APPLICATION

A 40 HOUR TRAINING INCLUDING A HANDS-ON WORKSHOP

MAY 8 - 11, 2024 • REDDING, CA

TRAUMA GATES™

INTENSIVE WORKSHOP APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PREFERRED METHOD OF CONTACT (CIRCLE): **TEXT** **PHONE** **EMAIL**

PROFESSIONAL TITLE: _____

LICENSE AND/OR CERTIFICATION #: _____

LIABILITY INSURANCE NAME: _____

POLICY # _____

PAYMENT: VISA / MASTERCARD

NAME ON CARD: _____

CARD # _____

EXPIRATION DATE: ___/___ CVV CODE: _____ BILLING ZIP CODE: _____

YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE

EMAIL COMPLETED APPLICATION TO INFO@TRAUMAGATES.COM.
UPON RECEIPT OF THE APPLICATION AND PAYMENT, THE EBOOK WILL BE SENT.