

## **Akademie für Physio-Mentale Entwicklung**

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# **Somatic Movement Teacher Training 2019**

**all other information:** <http://akademie.pme.or.at/somatic-movement-teacher-training.html>

### **Course Registration**

The total project fee is €1.580,-

Participants: max. 15

The reservation will be considered only upon receipt of the deposit of EUR 200,-

Please send us your application including this registration form.

### **Please send all above material to**

Dieter Rehberg

Aspangstrasse 6/2/5

1030 Wien

[dieter.rehberg@pme.or.at](mailto:dieter.rehberg@pme.or.at)

### **Payment**

Payment of the deposit has to be arranged through international bank transfer. Please note that expenses are to be paid by the remitter! Participants are asked to arrange a Euro transfer to the account stated below:

Holder of account: Dieter Rehberg

Bank: N26

IBAN: DE11100110012624843769

BIC: NTSBDEB1XXX

(Notice: this is a german account)

The remainder of €1.380,- has to be paid

- either together with the deposit to the above mentioned bank account
- or through bank transfer until 17<sup>th</sup> of may 2019

### **Cancellation policy**

Cancellations from the participant's side can only be accepted until the 3<sup>rd</sup> of may 2019

In this case a cancellation fee of 40 euro will be withheld and we will refund the already received remaining amount. If you cancel after 3<sup>rd</sup> of may 2019 the course fee or deposit cannot be refunded. With the payment of the deposit we reserve your place at the course, this is then binding and commits you to the payment of the course fee.

Dieter Rehberg is entitled to make a final selection about participation. In

the case that registrations cannot be considered, the deposit will be refunded.

# Somatic Movement Teacher Training 2019

## Application Form

First Name/Last Name: .....  
Sex: .....  
Date of Birth: ..... Place of Birth: .....  
Nationality: .....  
Street/Nr.: .....  
Postal Code: ..... City: .....  
Country: .....  
Phone: ..... Fax: .....  
Email: .....

## Formal education:

## Experiences in BodyWork, Dance and Teaching:

**Motivation:**

Please state your motivation for your Somatic Movement Teacher Training participation:  
(approximately 1000 characters)

By signing this form you apply for Somatic Movement Teacher Training 2019 and confirm the correctness of your data. With your signature you also give your consent to a further electronic processing of data and information you provided for an exchange of information.

*Date .....* *Signature .....*