

# Fundamentals of Somatic Experiencing®

Fundamentals Date: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Presenter: \_\_\_\_\_ Number of Hours 6

## ***How did you hear about this event?***

Name (*Please PRINT*)

Mailing & Email Address

Mailing Colleague

Other  
(Please Specify)

Name ( <i>Please PRINT</i> )	Mailing & Email Address	Mailing	Colleague	Other (Please Specify)