

Somatic Experiencing Trauma Institute  
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### **VIDEOTAPE SESSIONS ORDER FORM/ AGREEMENT**

Dear Somatic Experiencing® participants,

We are pleased to make our session library available to Somatic Experiencing® participants at this time. We do this with the deep hope that participants, both individually and in groups, can study a variety of Somatic Experiencing® sessions demonstrating the progression of work over time. It is our belief that the study of these tapes will be a major vehicle in learning and assimilating the essence of Somatic Experiencing®.

To protect the privacy of clients who have graciously consented to be filmed, any student who wishes to rent from the library must agree to the following to ensuring the confidential nature of these tapes.

1. I will not show or discuss any DVD or its contents with anyone except another student of Somatic Experiencing® as designated by the Somatic Experiencing Trauma Institute or Peter Levine.
2. I will not duplicate any DVD for any purpose.
3. I will return all DVD's within the time periods outlined above.

<b># of DVD's</b>	<b>Shipping/handling</b> <i>(includes return shipping)</i>	<b>Rental fee</b>	<b>Total due</b>	<b>Date due</b>
1	\$15.00	\$20.00	\$35.00	2 weeks
2	\$15.00	\$35.00	\$50.00	3 weeks
3	\$20.00	\$45.00	\$65.00	3 weeks
4	\$20.00	\$55.00	\$75.00	4 weeks
5	\$20.00	\$65.00	\$85.00	4 weeks

**All DVD's must be returned to the SE Trauma Institute within 30 days, unless prior approval is arranged.**

Please send the following DVD's: (List by name) \_\_\_\_\_

Amount \$ \_\_\_\_\_ USD    Check/Money Order enclosed

Credit Card (Visa or MasterCard only) Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Send DVD To: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_