

**REGISTRATION FORM**

for :

**“Introduction to AEDP Through the Intra-Relational Lens  
for Dealing with Trauma and the Multiplicity of the Self”  
Online May 15 and 16, 2025****PART 1: INSTRUCTIONS****PLEASE READ THIS AGREEMENT BEFORE REGISTERING!**

Agreement between “you”/the participant and “we”/the training organization (specified at the end of this agreement).

**Eligibility for AEDP training courses**

(please see: <https://aedp-fr.eu/qui-peut-participer-aux-formations-aedp/> ) You are eligible if you are a mental health professional psychotherapist (in France, certified by an ARS, clinical psychologist, psychiatrist, doctor (training in clinical psychiatry), who holds a license to practice in your country, and has an ongoing affiliation with an organization responsible for issuing and supervising mental health diplomas in your country or region (equivalent to being a licensed mental health professional in North America). If you are unsure about your eligibility for this training, please fill out the registration form and send it to [drfwschiansky@yahoo.fr](mailto:drfwschiansky@yahoo.fr) before payment or signing up with Zoom.

**To register, complete the following 3 steps:**

- a. Read and complete this registration form
- b. Pay the course fee
- c. Register via Zoom

By completing the 3 registration steps you will be applying to enroll in the **“Introduction to AEDP through the intra-relational lens for dealing with trauma and multiplicity of self” course, scheduled online for May 15 and 16, 2025.**

Once we have received and validated your registration, we will send you confirmation by e-mail of your enrollment in the course. If we determine that you are not qualified to enroll in the course, we will refund your registration fees. We reserve the right to refuse any registration on legitimate and non-discriminatory grounds, to exclude at any time any participant whose behavior interferes with the smooth running of the course and/or is in serious breach of these registration terms, without compensation or reimbursement, even partial, of the course fee, and to exclude any participant who has made false declarations.

To qualify for the Early Bird price of 380€ (360chf for participants in Switzerland), the total cost of the course must be paid by March 31, 2025. From April 1, 2025 onwards, the price of the course is 450€ (425chf for participants in Switzerland). All participants will receive a certificate of attendance and confirmation of payment after the seminar.

*If you cancel your registration before April 1, 2025, 50% of the early bird price will be refunded. After April 1, 2025, if you are unable to attend the course, the full course fee is not refundable, unless a qualified person to replace you can be found. In this case, there is a rebooking fee of 50 Euros.*

*We reserve the right to postpone or cancel the training course in the event of absolute necessity beyond our control (this includes the following circumstances: health problems, total or partial strike, terrorism, accidents, transportation problems, natural or economic disaster, any other case of force majeure requiring the cancellation of the training course). We do not need to specify that these circumstances are unforeseeable, irresistible, insurmountable or external.*

*Only the registration fee will be eligible for reimbursement in full. We will not be held responsible for any damages arising from cancellation, nor will we be liable for any reimbursement other than the registration fee.*

*The participant confirms that his or her emotional and physical health is his or her own responsibility; that he or she assumes and accepts any consequences that may result from his or her participation in the training or in the experiential exercises of the training, such as damage to his or her psychological and/or physical health.*

*The participant releases the trainers, organizers and any other persons taking part in the training from all liability for any complaint or legal action that the participant may have or may have to take in the future in connection with his or her participation in this training.*

*In addition, training sessions may be recorded by the organizers, and the participant releases the organizers and trainers from all image rights.*

*Participants acknowledge that the content of the webinar is confidential and will treat it as such. They will participate in the webinar in a secure location, out of sight of others. Participants agree not to reproduce, directly or indirectly, in whole or in part, adapt, modify, translate, represent, market or distribute to third parties the course materials or other educational resources made available to them without the prior, express and written authorization of us or its assignees. **No recordings are permitted during the course.***

*Data concerning participants will be kept by us. You have a right of access and rectification with us. To do so, simply write to us at [drfwschiansky@hin.ch](mailto:drfwschiansky@hin.ch).*

***By registering for this training course, you declare that you have read and accepted the terms - stipulated above - of this Training Agreement.*** You can also find the terms on the registration form, which you can access from this web page: <https://aedp-fr.eu/aedp-training-may-15-16-online/>

*Florian Wschiansky, Hoai-Thu Truong, Catherine Balance, Samia Dayer  
for the training organization, AEDP francophone*

**PART 2: REGISTRATION FORM**

I have read and accepted the terms of the Agreement (see p.1 and p.2 of this document): **yes:**    **no :**

Place, date :

Signature :

**Please provide the information below.**

(Your registration will be checked to ensure that you meet the required criteria).

**First name :**

**Last name :**

**Address :**

**Zip code, City :**

**Country :**

**E-mail address :**

(! please use the same email address you will be using on the Payment and in the Zoom registration pages)

**Telephone number:**

(where we can contact you if necessary)

**Diplomas, dates :**

**License:**

**Training in psychotherapy (please indicate completion date(s) or whether in progress)**

**Profession, professional title :**

**Current position :**

**Experience of psychotherapeutic work (as a therapist):** **yes:**    **no :**

**In which language/s are you comfortable doing the experiential exercise/s?**

in French :

in English

either :

**Write your questions here :**

Thank you in advance for returning this registration form completed and signed by email to the following address: [jomaxwellscott@gmail.com](mailto:jomaxwellscott@gmail.com)