

STONEY LAKE REGISTRATION FORM

June 2019

CONTACT INFORMATION

FIRST NAME	LAST NAME
STREET ADDRESS	CITY
PROVINCE/STATE	POSTAL CODE, COUNTRY
HOME TELEPHONE	ALTERNATE PHONE
EMAIL ADDRESS	

PROFESSIONAL INFORMATION

CURRENT PROFESSION/DEGREE
AFFILIATED INSTITUTION (if applicable)

USEFUL EQUIPMENT TO BRING: Laptop computer  
Portable Neurofeedback/Biofeedback Equipment

WHAT EQUIPMENT, IF ANY, WILL YOU BE BRINGING?:

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Do you own a Neurofeedback book?

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INTERESTED IN BCIA CERTIFICATION?(YES/NO):

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IF YES, ARE YOU INTERESTED IN WRITING THE EXAM AT THE WORKSHOP?:

PLEASE FAX THIS FORM TO ADD CENTRE: Fax # **905-803-9061**

OR MAIL TO:  
ADD CENTRE  
50 Village Centre Place  
Mississauga, Ontario  
L4Z 1V9

OR EMAIL TO: [addcentreto@gmail.com](mailto:addcentreto@gmail.com)

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT:  
**416-488-9963 OR 905-803-9983,**  
[addcentreto@gmail.com](mailto:addcentreto@gmail.com)