



Body-Mind Centering® Certification Program 2020-2023, Zaragoza, Spain

Assistants Registration Form

To register, please fill this form and questionnaire, and send them to Movimiento Atlas along with a photo and your payment receipt.

Name (*) _____ Address _____

City _____ Postal Code _____ Country _____

Telephone (*) _____ Email (*) _____ ID/Passport (*) _____

(*) Required fields: submissions without this information will not be accepted

Needed Pre-requisite: ☐ Member of BMCA while assisting

Certifications: ☐ SME ☐ IDME ☐ Practitioner ☐ Teacher

I wish to register for the following courses:

Body-Mind Centering® Certification Program	Class Days	Dates for assistants	Supervision Needed	Integration Workshop	Tuition in €	€
<input type="checkbox"/> Senses & Perception	4	December 5-8, 2020	<input type="checkbox"/>		60	
<input type="checkbox"/> Basic Neurocellular Patterns	7	March 28 - April 4, 2021	<input type="checkbox"/>	<input type="checkbox"/> Apr. 5	105	
<input type="checkbox"/> Endocrine System	5	August 18-22, 2021	<input type="checkbox"/>		75	
<input type="checkbox"/> Reflexes, Reactions & Responses	6	August 25-31, 2021	<input type="checkbox"/>	<input type="checkbox"/> Sept. 1	90	
<input type="checkbox"/> Ontogenetic Development	5	December 4-8, 2021	<input type="checkbox"/>	<input type="checkbox"/> Dec. 9	75	
<input type="checkbox"/> Skeletal System	5	April 9-19, 2022	<input type="checkbox"/>	<input type="checkbox"/> Apr. 20	135	
<input type="checkbox"/> IDME 1-A	5	August 3-7, 2022	<input type="checkbox"/>		75	
<input type="checkbox"/> IDME 1-B	5	August 10-14, 2022	<input type="checkbox"/>		75	
<input type="checkbox"/> Organ System	5	August 17-24, 2022	<input type="checkbox"/>	<input type="checkbox"/> Aug. 25	105	
<input type="checkbox"/> Fluid System	6	December 4-10, 2022	<input type="checkbox"/>	<input type="checkbox"/> Dec. 11	90	
<input type="checkbox"/> IDME 2-A	5	December 28 - January 1, 2023	<input type="checkbox"/>	<input type="checkbox"/> Jan. 2	75	
<input type="checkbox"/> Nervous System	7	April 2-9, 2023	<input type="checkbox"/>	<input type="checkbox"/> Apr. 10	105	
<input type="checkbox"/> Muscular System	9	August 2-12, 2023	<input type="checkbox"/>		135	
<input type="checkbox"/> Ligamentous & Fascial System	7	August 15-22, 2023	<input type="checkbox"/>		105	
<input type="checkbox"/> Professional Issues & Competency	3	August 25-27, 2023	<input type="checkbox"/>	<input type="checkbox"/> Aug. 28	45	
<input type="checkbox"/> IDME 2-B	5	October 28 - November 1, 2023	<input type="checkbox"/>	<input type="checkbox"/> Nov. 2	75	
Total(*)						
Deposit of 30€ per course (*)						
Total Amount Due(*)						

Registration is not complete until the form, questionnaire and deposit or full course fees have been submitted.

For cancellations earlier than 2 weeks before a course start, the course fee minus the 30€ deposit will be reimbursed.

For cancellations less than 2 weeks before the course start, there will be no reimbursement.

The full payment of the course fee is due 2 weeks before the course starts.

With my signature I accept the terms of this agreement, and acknowledge that I take full responsibility for any damage or injuries that may result from the participation in this workshop.

Date: __ / __ / ____

Signature:

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Application Questionnaire

We would like to better know who you are, what you are bringing to the program, how you can be a resource to others in the program and what you need from others in terms of support. We hope this application will also help you to become clearer about yourself, your goals and your expectations.

Please answer all the following questions. For ease in reading your application, copy the questions in a new document, type the answers and send them back to us. You may be brief. If you need to speak with someone regarding your application or any of the questions, please feel free to contact us.

1. Where and when have you studied BMC®? Where have you received your BMC® Certifications?
2. What is your ability to speak and understand Spanish and English as well as other languages?
3. How are you currently working with BMC® and what are your main areas of interest?
4. What motivates you to assist in this course or program? What are your expectations?
5. Do you have a system of support (family, friends, mentors) outside of the training program who will be available should any need arise during or after the course? Please, let us know somebody's contact information (name, address, phone number)
6. Movimiento Atlas is seeking to form a core team of assistants with people willing to participate during the full length of a program. Are you interested in being part of this core team? If so, what would you wish to gain and what to contribute?
7. Please, do comment on anything else you would like us to know or question about.
8. In the courses some moments will be documented both in video and photo. Part of this material could be used for promotion. If you agree that your image appears on this material, mark the following checkbox ☐