



VMR THERAPY INC.

REGISTRATION FORM

Understanding Stalking from a Clinical Perspective

March 30th 2025 | 8am – 12pm PST | Hybrid/Zoom

Section A: COURSE INFORMATION

Course Name: **Understanding Stalking from a Clinical Perspective**

Course Location: Hybrid/Zoom or in person at 3130 Bonita Road Suite 207, Chula Vista, CA 91910

Section B: ATTENDEE INFORMATION

*Last Name: _____ *First Name: _____ Middle initial: _____

Mailing Address: _____ City: _____ Postal Code: _____

Telephone: Work: _____ Cell Phone: _____

Fax: _____ Email: _____

Professional Title: _____

Company/ Organization: _____

IN PERSON (please circle yes or no): Yes No

ZOOM: Topic: Understanding Stalking from a Clinical Perspective Time: Mar 30, 2025 08:00 AM Pacific Time (US and Canada)

Join Zoom Meeting <https://us02web.zoom.us/j/85283741471?pwd=xibCDIjbNi9ipblRNfqFb4rjCEVfbh.1>

Meeting ID: 852 8374 1471 **Passcode:** 218340

Section C: SIGNATURES

Applicant: _____
Print Signature

***Credit card authorization form (on backside) must be completed & submitted with registration form to complete registration & reserve your spot in training**

Please email the completed registration form to VMR Therapy Admin@vmrtherapy.com,

Staff Use Only

Registration form complete (staff to check): Yes No Date: _____ Checked by: _____

Payment completed: Yes No Email Receipt Confirmation: Yes No Other: _____

Comments;

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancellation.

Section D: CREDIT CARD INFORMATION	
Card Type:	Mastercard Visa Discover Other: _____
Cardholder Name (as shown on card):	
Card Number:	CVV:
Expiration date (mm/yy):	
Cardholder Zip Code (from credit card billing address):	

I, _____ authorize _____ VMR Therapy Inc. _____ to charge my credit card above for the agreed upon purchase.

Attendee Signature

Date