



Training Registration Form

Name: _____ Age: _____

Email: _____ Cell phone #: _____

Address: _____

Please register me for:

- SUGAR®** Certification/Licensure (Provided in cooperation with www.dahlanddahl.se)
- HMA** (Holistic Medicine for Addiction) Full course, including 3 Training Blocks
- Only **Biochemical Repair** Block (Doesn't result in HMA Certification until/unless all 3 HMA Blocks are completed)
- Only **Relapse Prevention** Block (Doesn't result in HMA Certification until/unless all 3 HMA Blocks are completed)
- 4-Day Intensive** Food Addiction Workshop Intensive Start Date: _____

What are your best hopes for participating? What outcome(s) would you most like to achieve? _____

For 4-Day Intensive Registrants Only _____

What treatment methods have you have tried? _____

What special requirements or important information should we know about? (Disabilities, food allergies, medical issues, etc.) _____

Please Note: All 4-Day Intensive Workshop participants are strongly encouraged to complete a SUGAR® assessment with a Certified/Licensed evaluator prior to the Intensive. (Please see separate flier for more info.) Would you like to schedule a SUGAR® assessment? Yes No

Current Employment/Occupation: _____

*If you are a healthcare **professional** participating in the Intensive for training purposes, please provide the information below.*

For SUGAR® and/or HMA Registrants Only (and professionals attending Intensive for training):

Do you have your own company, or do you plan on forming one? Yes No

What knowledge have you acquired about addiction medicine? (Alcohol / drugs / sugar/food addiction, etc.) _____

Are you ADDIS® Certified? ADDIS Adol® Certified? (If yes, where/when? _____)

A résumé or CV (Curriculum Vitae) may be submitted in lieu of the following information.

What is your Educational Background and Training History? (School/University, Degrees earned)

Job Title (**Current Employment**): _____ How many years? _____

Duties: _____

Job Title (**Previous Employment # 1**): _____ How many years? _____

Duties: _____

Job Title (**Previous Employment # 2**): _____ How many years? _____

Duties: _____

How will you be paying your invoice? Privately Through a company

If paying through a company, please provide an Invoice Address: _____

Tax Registration / VAT Number (If you have one): _____

Email address to send invoice to: _____

Electronic Signature: _____ Date: _____

Please download this file and when completed email it to info@bittensaddiction.com. Thank you!