



Training Registration Form

Please download this file. When completed, kindly email it to info@bittensaddiction.com. Thank you!

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)

Please note that two separate discounts are available:

- 1) Save 15% with full payment in advance.
- 2) Save an *additional* 20% for taking both HMA® and SUGAR® certification courses within 12 months.

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

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? _____)

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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: _____

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