**INTRODUCTORY COURSE ON WELL-BEING THERAPY**

**March 29-30, 2025**

**APPLICATION FORM**

**PLEASE FILL IN THE PRESENT FORM AND SEND IT VIA EMAIL TO** **academy@well-being-therapy.com**

**Personal Information**

First Name

Middle Name or Initial

Last Name

Degree(s) (MD, PhD, etc...)

Specialty/Sub-specialty

Email

Business or Home Address

Institution / Organization

Street

City

State/Province

Postal/ZIP Code

Country

Phone Number (include country code)

Fax Number (include country code)

**Additional Information**

Please provide a brief description of your practice (including type of licensure - country and/or state where you are currently licensed to practice - type of practice)

**Comments (anything you would like to bring to the attention of the AWBT committee)**