



**REGISTRATION FORM**  
 (The number of places is limited)  
 Subject to the Administrative Board vote



**International Neurologic Music Therapy Training**  
**From the 8th to the 11th of July 2019**  
**Dr. Michael H. Thaut / Dr. Corene P. Hurt-Thaut**

Organized by the Diplôme Universitaire de Musicothérapie, Paul-Valéry University, Montpellier 3, in partnership with The Academy for Neurologic Music Therapy (<http://nmtacademy.co>).

To be returned duly filled and signed with the requested documents by mail or e-mail to the contact address mentioned below.

**Informations**

Venue : Paul Valéry University, Montpellier 3 – Montpellier – France

|            |  |   |
|------------|--|---|
| Planning : | 1 <sup>st</sup> day from 8.30am to 1pm<br>and from 2pm to 5.30pm | 2 <sup>nd</sup> day from 9am to 1pm<br>and from 2pm to 6pm                  |
|            | 3 <sup>rd</sup> day from 9am to 1pm<br>and 2pm to 5pm            | 4 <sup>th</sup> day from 9am to 12pm<br>and evaluation from 12pm to 12.30pm |

**Trainee**

Name : ..... First name : .....

Phone : ..... E-mail : .....

Adress : .....

Degrees : .....

Occupation : .....

Company / Institution : .....

**Funding**

|                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Employer-funded training (1700€) : | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Self-funded training (900€) :      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Motivation**

Please explain in a maximum of 5 lines your motivations to participate to this training.

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**Consent**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| I give my consent to the University's registering my name and e-mail address <sup>1</sup> in its list and to my receiving information by mail : | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I agree to be photographed during this training :   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

1 The University is setting up, under the responsibility of its President, a personal data processing system. The trainee is informed that in accordance with data protection and freedom of information laws, he/she has the right to access, rectify, oppose and delete the data concerning him/her. This right can be exercised by sending a written request, with proof of identity, to the SUFCO of the Paul Valéry University, Montpellier 3, route de Mende, 34199 Montpellier Cedex 5.

## Documents required

Copy of the degree or degrees and a curriculum vitae.

## Contact

[musicotherapie@univ-montp3.fr](mailto:musicotherapie@univ-montp3.fr)

Secrétariat Filière de Musicothérapie

11, rue Saint Louis 34000 MONTPELLIER – France

### FOR THE ADMINISTRATION ONLY :

Financement assisté  Financement individuel

Reçu par le secrétariat le : .....

Avis d'admission : OUI / NON

Transmis au SUFCO le : .....

Name, date and signature of the trainee :

Name, date and signature of the person in charge :

## REGISTRATION AND PAYMENT :

- 1- You send the registration form to [musicotherapie@univ-montp3.fr](mailto:musicotherapie@univ-montp3.fr)
- 2- You will receive by mail the confirmation to follow the training and information from SUFCO for the payment.

### Registration Fee :

Self-funded training : 900 €

Employer-funded training : 1700 €