

Delegates & Deputies of EADMT

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| --- | --- |
|   Please insert your  Photo into this space | position |
| nationality |
| Email address |
| DMT Professional Qualifications, Supervisor, Private Practitioner etc.  |  |
| Which DMT training program did you attend?  |  |
| Academic titles and professional experience? |  |

Do you agree to share this information on the EADMT website?

Yes () or No ()

Many thanks for your time & collaboration!

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