

**Delegates & Deputies of EADMT**

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| --- | --- |
| Please insert yourPhoto into this space | Nationality |
| Position |
| 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 ( )

**Please attach separately a high quality, best resolution possible, square photo, in jpg.**

Many thanks for your time & collaboration!

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