

**Non - delegate Working Group coordinator**

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| --- | --- |
| Name |  |
| Working Group |  |
| 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 ( )

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

Many thanks for your time & collaboration!