



BASIC LEVEL 2

Registration Packet

FEUERSTEIN AUTHORIZED TRAINING (Via ZOOM ONLY - \$995.00)

Trainer: Jeanne Zehr, Ph.D.

Dates: August 5-9, 2024

Time: 9:00 AM-12:00 noon; 1:00-3:00 PM

Location: Meeting via ZOOM

Keep this page for your reference. Please scan/send pages 3 and 4.



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- **Training Objectives:** A cognitive skills program for use with children ages 3 to 9 years of age as well as older individuals with need for these specific cognitive skills.
- **Training Content:** From Empathy to Action, Preventing Violence, Knowing and Identify, Reading Comprehension, Tri-Channel Attentional Learning, Compare and Discover the Absurd 2

REGISTRATION FORM

Name: _____

Email: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Agency/Organization: _____




Prior Feuerstein training: _____

Degree(s) or License(s): (Not required for training)

Training will be used for:



6507 Constitution Drive
Fort Wayne, IN 46804

 (260) 271-4650
 info@mind-cap.org
 www.mind-cap.org



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AGREEMENT FORM

I have read and agree to the following:

- Cost of training: \$995.00
- Training includes: Certification + FIE Program Materials
- Payments to THE MINDCAP CENTER are accepted by check or credit card. Contact Cheri Kipfer at the office to process card payment. (3% processing fee added for credit card payments)
- Attendance at ALL training sessions is required for certification
- Training times and location are as follows:

9:00 AM - 12:00 noon; 1:00 PM - 3:00 PM

Meeting via ZOOM




- Certification is provided by: THE FEUERSTEIN INSTITUTE, ISRAEL
- Full payment must be received before certificate is issued
- You will receive the digital version of your FEUERSTEIN INTERNATIONAL TRAINING ACADEMY CERTIFICATE by email from The MINDCAP Center (delivery could take up to two months and payment is required).

PLEASE SCAN AND EMAIL REGISTRATION AND AGREEMENT FORMS TO INFO@MIND-CAP.ORG AND CALL (260-271-4650) WITH PAYMENT, OR MAIL FORMS WITH PAYMENT DIRECTLY TO THE MINDCAP CENTER (6507 CONSTITUTION DRIVE, FORT WAYNE, IN 46804).

Signature: _____ **Date:** _____



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