



Suzi Tortora Ed.D., BC-DMT, LCAT, LMHC  
Dancing Dialogue  
The Carriage House, 8 Marion Ave  
Cold Spring, New York 10516  
845-265-1085  
fax 845-739-1096

suzitortora@mac.com  
www.dancingdialogue.com

Thank you for your interest in my *Ways of Seeing* training program. I am hoping to begin a training program some time in 2011. In order to develop this program to best meet all the needs of my potential students I would like to know the following information about each of you.

**Today's Date:**

**Name:**

**Home Address:**

**Current professional trainings:**

1. **College degrees** (college name, yr of graduation, degree)

2. **Graduate degrees** (same info)

3. **List any dance movement therapy training you may have if not a DMT:**

**Current work:**

1. **Title:**

2. **Population(s):**

3. **Short description of your work:**

**4. Please describe any experience you have with infants, children and families, including personal and work related.**

**5. Please provide a short description of what you would like to learn from the *Ways of Seeing* training:**