

INFORMATION SHEET FOR THE INARS 2010 INTERNAL DIRECTORIES:

_____ **No changes from the 2009 Directory are included. (Be certain to include your name.)**

_____ **New members, fill out entire form.**

_____ **Only changes from the 2009 Directory are included.**

Last Name	_____	First Name	_____		RST #	_____
Home Street	_____	Home City	_____	Home State	_____	Home Zip
Home Phone	_____	FAX number	_____			
Email	_____			website	_____	
Office1 City	_____	Office1 State	_____	Office1 phone	_____	Office1 FAX
Office2 City	_____	Office2 State	_____	Office2 Phone	_____	Office2 FAX
Office 3 City	_____	Office3 State	_____	Office3 Phone	_____	Office3 FAX
Academic Degrees	_____					
License(s)	_____					
Non-RSM certifications	_____					

Please check all that apply (and year if applicable):

PGT	_____	Training Year	_____	Faculty	_____	Training Year	_____
TI	_____	Training Year	_____	Master Synergist	_____		
Certified Mentor	_____	Graduate Workshop Leader's Training	_____				

Non-RSM Trainings _____

Other Active Modalities _____

Practice specializing in: _____

Accept 3rd Party payments? _____

Suggested Quote for Members Only Dir. _____

If you are unable to fill this out electronically, please print and send this form with your membership form by **March 30, 2010** to: PLEASE PRINT CLEARLY

Teresa Arroyo-Bensick
INARS Treasurer
405 West Louisiana Avenue
Tampa, Florida USA 33603