

Body-Mind Centering® Certification Program
Somatic Movement Education Program 2024 - 2026 in Estonia



Hi! To register, **please download the registration form**, fill it in, sign it (digitally or by hand), and send it back to us by email to somaatikum@gmail.com as an attachment.

Also make a deposit of the 50€ registration fee, which is non-refundable. After we receive both we get back to you with further information about the course.

Name..... City.....
Surname..... Country.....
Street..... Telephone.....
Postal Code..... e-mail.....
.

Most courses in this program may be taken individually or in combination for personal growth or professional enrichment without commitment to the entire program.

I wish to register for the following courses:

BMC® Certification Program (SME) 2026	Class days	Dates	Tuition in €	
LIGAMENOUS AND FASCIAL SYSTEM	7	June 26-July 3	840	
ENDOCRINE SYSTEM	5	July 6-11	600	
MUSCULAR SYSTEM	9	August 7-17	1080	
SME COMPETENCY & PROFESSIONAL DEVELOPMENT 1	3	August 20-22	360	
			Total	
Please add 50€ for each course (except Professional Issues & Competency) if you register less than two months before course starts			Surcharge	
Total Amount Due				

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For students from Eastern Europe there is a course reduction available, in case of interest please get in touch with us at somaatikum@gmail.com.

Tuition costs do not include travel, room, and board, books, homework fees, or other expenses.

With my signature, I acknowledge that I take full responsibility for any injuries that may result from participation in this workshop.

Date

Signature

Payment Information

Name on account: Somaatikum OÜ

IBAN: EE937700771001917829

BIC/SWIFT: LHVBE22

Bank: AS LHV Pank, • Tartu mnt 2, 10145 Tallinn • Estonia

Practical information:

Location

The courses take place in [Pivarootsi](#), where a spacious studio and a nearby guesthouse provide a comfortable setting for this residential program. Pivarootsi Manor is located on the western coast of Estonia, right by the Baltic Sea and adjacent to a nature reserve.

Accommodation

Food and accommodation are not included in the fees. There will be an accommodation option available upon registration.

Application Questionnaire

Please answer all the following questions, you may be brief. We would like to better know who you are, what you are bringing to the program, how you can be a resource to others in the program and what you need from others in terms of support. We hope this application will also help you to become clearer about yourself, your goals and your expectations.

If you need to speak with someone regarding your application or any of the questions, please feel free to contact us.

1. What is your educational background? Please list any post--secondary schools attended, dates, and any degrees or certificates received. You may enclose a resume instead of answering this question. Please also include your date of birth and a photo.

2. Please list work or other significant experiences. You may enclose a resume instead of answering this question.

3. What experience have you had with Body-Mind Centering®? How did you first hear about it? Have you had individual sessions, classes or workshops with a Certified Practitioner? Who? Approximately how many hours?

4. Please list your experience with other body--mind disciplines (movement, dance, bodywork, or other psychophysical approaches). Indicate whether your experience has been casual, serious amateur, semi-- professional or professional.

5. What are your reasons for wanting to take this course or program? What are your expectations?

6. An important aspect of this program is its experiential nature. You will be working deeply with yourself and closely with other individuals and the group as a whole. You will be presented with a range of different teaching styles from our staff and different learning styles from other students. At times, you will be asked to step into learning styles that you may be unaccustomed to. In regard to these things, please tell us 1) your strengths and talents and 2) areas where you need support.

7. Do you have any physical or emotional conditions that could affect your participation in this program? If, yes, please describe it.

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8. Do you have a system of support (family, friends, mentors) outside of the training program who will be available should any need arise during or after the course? Please, let us know somebody's contact information (name, address, phone number)

9. Are you interested in the full Somatic Movement Education Program or in individual courses?

10. If there is any other matter that we should know or that you'd like to question about, please include it below.