

Which of these Hypnosis applications are of interest you to?

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Stage | <input type="checkbox"/> Career Enhancement |
| <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Self Esteem/Self Confidence |
| <input type="checkbox"/> Sleep Disorders | <input type="checkbox"/> Memory/Recall |
| <input type="checkbox"/> Sports Performance | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Irrational Fears | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Behavior Modification |
| <input type="checkbox"/> Success/Achievement | <input type="checkbox"/> Health/Wellness |
| <input type="checkbox"/> Children's Issues | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Medical/Dental (specify below) | <input type="checkbox"/> Self Hypnosis |
| <input type="checkbox"/> Age Regression | <input type="checkbox"/> Past Life Regression |
| <input type="checkbox"/> Other | |

How do you intend to use your hypnosis skills upon completion of this course?

How did you hear about this training?

Referred by: *(If possible, please provide Name, Address, Phone, or Email so that we may send an acknowledgement)*

Do you have any special needs/dietary restrictions?:

Ask about our referral discounts!

Method of Payment: CHECK PAYPAL VISA MC DISCOVER

Initial Deposit *(Materials)* \$250.00 *(NON REFUNDABLE)*

Tuition *(Due prior to class)*

TOTAL

CC# _____ DateExp. _____ CID _____

Authorized Signature