

## REGISTRATION FORM

### Introduction to Clinical Hypnosis

Registration Form 2018 CLINICAL HYPNOSIS TRAINING. Eligibility restricted to licensed professionals and graduate students in the health fields. Class size is limited. Registration is required no later than three weeks prior to Introductory Course and Intermediate Course, and two weeks before Advanced Consultation Groups. Late registration is subject to additional fee. Refund up to one month before course (minus processing fee)

REGISTRATION NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

PROFESSIONAL LICENSE NO. \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**Introductory Class** \_\_\_\_\_

**Tuition \$TBA**

Checks should be made out to **Susan H. Dowell, LCSW** and mailed along with **application form** and a **copy of license** to:

**Susan Dowell, LCSW  
275 West 96<sup>th</sup> Street #6R  
New York, NY 10025**

### Intermediate Hypnosis

Registration Form 2018 CLINICAL HYPNOSIS TRAINING. Eligibility restricted to licensed professionals and graduate students in the health fields. Class size is limited. Registration is required no later than three weeks prior to Introductory Course and Intermediate Course, Late registration is subject to additional fee. Refund up to one month before course (minus processing fee)

REGISTRATION NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

PROFESSIONAL LICENSE NO. \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**Intermediate Class** \_\_\_\_\_

**Tuition \$TBA**

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