## **HYPNOSIS & EMOTIONAL FREEDOM CENTER**

Jane Anthony Buckman, BCHt

2525 N. Wakefield Street, Arlington, VA 22207 (703) 346 4606 Hypnosis3@Gmail.Com www.HypnosisVa.com

## **NGH HYPNOSIS CERTIFICATION TRAINING - REGISTRATION FORM**

NAME:		DATE:			
ADDRESS:		DOB:		Age:	Sex: M F
CELL PHONE:	HOME PHONE:	EMAIL:			
FAMILY:	No. Of Children:	Siblings:	Spouse/Significant Other:		
OCCUPATION:	EDUCATION:	E	EMPLOYER:		
Has anyone tried to hypnotize you?	For what reason?		Do you believe you were hypnotized?		
Other alternative interests, modalities or trainings:					
Reasons for wanting this training:					
Have you ever been convicted of a felony?					
Do you agree to comply with the NGH Standards of Practice and Code of Ethics?  http://www.ngh.net/Downloads/CodeEthicsStandards.pdf					
Training is held on selected weekends from 10:00 to 4:00.					
HOW TO REGISTER					
STEP #1: Fill Out & Return this form to <a href="https://hypnosis3@gmail.com">hypnosis3@gmail.com</a> .  Once Received we will send you an email Invoice for the NGH Materials Fee of \$200 for CC payment. STEP #1: Return this form to <a href="https://hypnosis3@gmail.com">hypnosis3@gmail.com</a> .					
TUITION - PAYMENT PLANS - DISCOUNTS					
Choose: PAYMENT OPTIONS: Credit Card, Cash, Personal Check (check or cash is preferred)  Step #2: Choose PAYMENT PLAN and DISCOUNT that applies.  Full Payment now ( ); 2-Payment Option ( ); 3-Payment Option ( )  Tuition Fee: \$1,750 Note: The Materials Fee of \$150 is a separate payment)  Discount is given when payment is made in Full:  • If Full-Payment made one month prior to 1st Class					
OPTIONAL PAYMENT PLANS of 2 or 3 Payments prior to graduation.  I am making Full Payment now. ( ) My Payment Plan Will Be Made In ( ) Installments.					
IN CASE OF EMERGENCY					
Name of local friend or relative:	Relationship:	Home Phone:		Cell Ph	ione:
The above information is true to the be					
Signature:		Date:			