

HYPNOSIS & EMOTIONAL FREEDOM CENTER

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JOURNEY TO CAUSE ADVANCED TRANSFORMATIONAL HYPNOTHERAPY 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:	EMPLOYER:		
I am a Certified Hypnotist: (___)				
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				

HOW TO REGISTER

STEP #1: Return this form and \$200 to hold your place in the Training or make first payment in full or part.

STEP #2: We will send you an Invoice for your payment.

STEP #3: Once you submit payment by Zelle (Best), Check or Cash, your seat in the class is held for you.

TUITION - PAYMENT PLANS - DISCOUNTS

TUITION

\$2,495 - This includes Registration & All Materials.

\$200 payment in advance to hold your seat in the class. Class size is small for optimal learning so sign up early.

Discount of \$100 for former Hypnosis Students or Clients at Hypnosis & Emotional Freedom.

PAYMENT OPTIONS: Zelle ___; Personal Check ___ & other options.

OPTIONAL PAYMENT PLANS of 2 or 4 Payments completed 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 Phone:
The above information is true to the best of my knowledge.			
Signature:		Date:	