

HYPNOSIS & EMOTIONAL FREEDOM CENTER
 2525 N. Wakefield Street, Arlington, VA 22207
 (703) 346 4606 Hypnosis3@Gmail.Com www.Hypnosisva.Com

PAST LIFE REGRESSION - 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:		
Are you certified as a Hypnotist? ____	Organization Certified:	Trainer:		
Other trainings:				
Reasons for wanting this training:				

HOW TO REGISTER

Contact Jane to set up a phone interview. Email the Registration Form. Make payment of \$100 to hold your place in the class.

TUITION - PAYMENT PLANS

TUITION

\$975.00 - Tuition

PAYMENT OPTIONS: Zelle____(preferred); Check____; or Credit Card____

OPTIONAL PAYMENT PLANS: 2 Installments

1. I am making Full Payment now. ____
2. My Payment Plan Will Be Made In-Full____ or in 2____ Installments.

IN CASE OF EMERGENCY

Name of Contact:	Relationship:	Home phone:	Cell phone:
The above information is true to the best of my knowledge.			
Signature:		Date:	