MOTIVATION HYPNOSIS Clinical Hypnosis Training Institute

Maureen Finnerty Turner, MEd, RNBC, LCMHC, LCSW

President, Motivation Hypnosis

31 Main St., Suite 6, Burlington, Vermont 05401

Phone: 802-658-2140/Cell: 802-338-8040/ Fax: 802-419-3829 www.motivationhypnosis.com/mturner@motivationhypnosis.com

WORKSHOP:

WHAT: Age Regression: Back to the cause of the problem and help healing!

Learn Clinical Hypnosis Age Regression techniques from Specialists.

WHERE: Turner Farmhouse & Turner Tree House, 24 Turners Lane, Isle La Motte, VT 05463

www.TurnerFarmhouse.com

WHEN: September 14-16, 2018

WHO: Maureen Finnerty Turner, MEd, RNBC, LCMHC, LCSW

Approved American Society of Clinical Hypnosis (ASCH) Consultant, Psychotherapist/Hypnotherapist:

Age Regression Specialist (over 20 years experience)

and Institute Faculty

ELIGIBILITY: Level 1: Open to licensed health care professionals*

Level 2 Pre-requisite: Level 1 (previously called Basic) Age Regression Training

Level 3 Pre-requisite: Level 2 (previously called Intermediate) Age Regression Training

*All Registrants must have taken an ASCH-Approved Basic Clinical Hypnosis

Workshop (20 hrs) at minimum.

REGISTER: Mail check / Fax (802-419-3829) Registration Form to:

Motivation Hypnosis, 31 Main Street, Suite 6, Burlington, VT 05401

Or call 802-658-2140 with credit card information. *Payment plans available*.

FEE: \$500

(Pending) Approval by American Society of Clinical Hypnosis - 20 Hrs

(Pending) Approval for 20 CEUs - Counselors, Psychologists and Social Workers

LODGING: For onsite lodging see: Age Regression Workshop-Turner Farmhouse & Tree House Lodging Form

or Visit "Places to Stay" on Lake Champlain Chamber of Commerce: www.Vermont.org

or www.airbnb.com

CONTACT: Maureen Finnerty Turner

Email: mturner@motivationhypnosis.com

Cell: 802-338-8040

Limited Enrollment - Register Now! Significant Demand for Training!

www.motivationhypnosis.com

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REGISTRATION FORM:

Age Regression: Back to the cause of the problem and help healing!

20 hrs/20 CEUs (pending) / Lecture & Demonstration: 12 hrs/Dyad Practice Experience: 8 hrs

Name:			Date:
Address:			_ Zip Code:
Cell:	Work:	ext	Home:
Email:		Profession:	
Specialty:	License	# State(s):	
Year & Location Com	pleted ASCH-Approved Basic Wo	orkshop:	
	Workshop(s)/ Year:ssion training, if applicable)		
ASCH member: Yes [□ No □ ASCH Component Sect	tion member of:	
If an ASCH member/	yearsASC	CH Level To Date:	
Payment: Age Regres	ssion Workshop: 20 hrs + Manua	al = \$500 Fee	
Cancellation Policy: (\$20 fee) 100% Refund up to 3 wk	ks prior / 50% at 2 wks	/ Less than 2 wks - No refunds
Total Payment: \$ Make		Hypnosis, 31 Main St	reet, Suite 6, Burlington, VT 05401
Credit Card:MC _	Visa AMX #		Exp Security Code:
Card Holder's Name	& Address, if different from abo	ve:	
Name:			
Address:			ZipCode:
Signature:			Date:
	ow you authorize Motivation Hypnosis to cha thorized user of this credit card.	rge a one-time fee payment to	the credit card provided herein and certify that

For Questions: Maureen Turner – Office: 802-658-2140 / Cell: 802-338-8040

Email: mturner@motivationhypnosis.com Fax: 802-419-3829

Age Regression Workshop Lodging Form Turner Farmhouse & Turner Tree House

Name:	(Cell:	 Email:	

Please indicate if you would like a roommate match (Twin bed rental only)
Pay full \$80 now and if matched we will reimburse you 50% of room cost on 9/16/2018

FARMHOUSE LODGING OPTIONS:



Please refer to <u>www.TurnerFarmhouse.com</u> "Tour" for room details

Gold Room – (1) King Only - \$90/night - Private bath
Pink Room – (2) Twin Only - \$80/night - Shared bath
Green Room – (2) Twin \$80/night or (1) King \$90/night - Shared bath
Blue Room – (1) King Only - \$90/ night - Shared bath
Pine Room – (2) Twin \$80/night or (1) King \$90/night - Shared bath
Tenting - \$20/night - Shared bath

Share Twin Please <u>check</u> dates reserving & fill in amount enclosed: \$ Total Room = XPlease specify whether you wish a King bed configuration or Twin Gold Room for Dates: Sept 13 ____, 14 ____, 15____, 16____ Rate: \$90/night - King only/ Number of Guests: <u>Pink Room</u> for Dates: Sept 13 ____, 14 ____, 15____, 16___ Rate: \$80/night - Twin only/ Number of Guests:_____ <u>Green Room</u> for Dates: Sept 13 ____, 14 ____, 15____, 16___ Rate: \$80/night - Twin __or \$90 King ___ /Number of Guests:____ Blue Room for Dates: Sept 13 ____, 14 ____, 15____, 16____ Rate: \$90/night - King only/ Number of Guests: Pine Room for Dates: Sept 13 ____, 14 ____, 15____, 16___ Rate: \$80/night Twin ___or \$90 King ___ /Number of Guests: ____ Tenting for Dates: Sept 13 ___, 14 ___, 15___, 16___ Rate: \$20/night - Number of Guests: _____