

Maureen Finnerty Turner, MEd, RNBC, LCMHC, LCSW President, Motivation Hypnosis

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- WHAT:** Turner Techniques of Age Regression Workshops
Identifying and releasing the causal imprint (Demonstrations & Practice)
- LOCATION:** Champlain College Campus, Burlington, Vermont - *Workshop & Lodging Accommodations*
- WHEN:** June 7-9, 2019
- WHO:** **Maureen Finnerty Turner, MEd, RNBC, LCMHC, LCSW**
Approved American Society of Clinical Hypnosis (ASCH) Consultant,
Psychotherapist/Hypnotherapist: Age Regression *Specialist (over 24 years experience in Clinical Hypnotherapy & Age Regression and 48 years as a psychotherapist)*
Workshop Faculty: Nicholas Boutros, MA, LCMHC, CCMHC & Casey Goldman, MA, LCMHC
- TOPICS:** **Level 1: Turner Techniques of Age Regression Workshop:** Open to licensed health and mental health care professionals who would like to learn safe, effective, tested age regression techniques, including hypnotic anchoring and self-hypnosis techniques developed by Maureen Turner.
Prerequisite: ASCH-Approved Basic Clinical Hypnosis Workshop (20 hrs) & Psychotherapy is within licensed "Scope of Practice"
Level 2: Turner Techniques of Age Regression Applied: Intensive practice of Turner's Rescue Mission Techniques, advanced applications in resourcing/ego-strengthening & case consultations.
Prerequisite: Level 1- Age Regression Workshop with Maureen Turner or Faculty member
Level 3: Age Regression Applications to Special Topics Workshops:
- **Enhancing Public Performance/Sports Performance (including Golf)**
 - **Enabling Successful Smoking Cessation/Enabling Successful Weight Management**
 - **Enhancing a Wealthy Mind by embracing worthiness and deservedness of abundance**
(Maureen Turner is the only Licensed International Wealthy Mind Trainer in Vermont)
- Prerequisite: For clinicians who have taken Level 1 of Turner Techniques of Age Regression, and have experience with Turner Age Regression Protocols and techniques.*
- CEU:** To be submitted for Approval: American Society of Clinical Hypnosis - 20 Hrs and 20 CEUs – Counselors, Psychologists and Social Workers
- 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.
- FEE:** \$500* for each Level – 1, 2, and 3 Specialties (or \$175/day)
\$25 discount to NMSCH Members. Payment plans available.
- LODGING:** For onsite lodging see: **Age Regression Workshop Lodging on Champlain College Campus**
\$63 per night
- CONTACT:** **Maureen Finnerty Turner**
Email: mturner@motivationhypnosis.com / **Cell:** 802-338-8040

Limited Enrollment (six clinicians per Level) - Register Now - Significant Demand for Training!

This is the 10th Annual Age Regression Workshops offering by specialist, Maureen Turner

2019 Turner Techniques of Age Regression Workshops
REGISTRATION FORM

Name: _____ Date: _____

Address: _____

Cell: _____ Work: _____ ext. _____ Home: _____

Email: _____ Profession: _____

Specialty: _____ License # State(s): _____

Year & Location Completed ASCH-Approved Basic Workshop: _____

Additional Hypnosis Workshop(s)/ Year: _____

ASCH member: Yes No ASCH Component Section member of: _____

If an ASCH member/ years _____ ASCH Level To Date: _____

Turner Techniques Age Regression Level/Workshop(s) desired: Level 1 Level 2

Enhancing Public Performance/Sports Performance

Enabling Successful Smoking Cessation/Enabling Successful Weight Management

Enhancing a Wealthy Mind by embracing worthiness and deservedness of abundance

Payment: **2019 Age Regression Workshop**: 20 hrs + Manual = \$500 Fee or \$175/day

\$25 discount to NMSCH Members

Cancellation Policy: (\$20 fee) 100% Refund up to 3 wks prior / 50% at 2 wks / Less than 2 wks - No refunds

Total Payment: \$ _____

Make checks Payable to: Motivation Hypnosis, 31 Main Street, Suite 6, Burlington, VT 05401

Credit Card: MC __ Visa AMX # _____ Exp. _____ Security Code: _____

Card Holder's Name & Address, if different from above:

Name: _____

Address: _____ Zip Code: _____

Signature: _____ Date: _____

By signing below you authorize Motivation Hypnosis to charge a one-time fee payment to the credit card provided herein and certify that you are an authorized user of this credit card.