

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/mtturner@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:** June 8-10, 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: mtturner@motivationhypnosis.com
Cell: 802-338-8040

Limited Enrollment - Register Now! Significant Demand for Training!

MOTIVATION HYPNOSIS

Clinical Hypnosis Training Institute

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 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: _____

Payment: **Age Regression Workshop:** 20 hrs + Manual = \$500 Fee

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: _____ ZipCode: _____

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.

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 6/10/2018*

FARMHOUSE LODGING OPTIONS:



Please refer to www.TurnerFarmhouse.com "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

Please <u>check</u> dates reserving & fill in amount enclosed: <i>Please specify whether you wish a King bed configuration or Twin</i>	<u>\$ Total</u>	Share Twin Room = <u>X</u>
<u>Gold Room</u> for Dates: June 7 __, 8 __, 9 __, 10 __ Rate: \$90/night - King only/ Number of Guests: ____	\$ ____	____
<u>Pink Room</u> for Dates: June 7 __, 8 __, 9 __, 10 __ Rate: \$80/night - Twin only/ Number of Guests: ____	\$ ____	____
<u>Green Room</u> for Dates: June 7 __, 8 __, 9 __, 10 __ Rate: \$80/night - Twin __ or \$90 King __ /Number of Guests: ____	\$ ____	____
<u>Blue Room</u> for Dates: June 7 __, 8 __, 9 __, 10 __ Rate: \$90/night - King only/ Number of Guests: ____	\$ ____	____
<u>Pine Room</u> for Dates: June 7 __, 8 __, 9 __, 10 __ Rate: \$80/night Twin __ or \$90 King __ /Number of Guests: ____	\$ ____	____
<u>Tenting</u> for Dates: June 7 __, 8 __, 9 __, 10 __ Rate: \$20/night - Number of Guests: ____	\$ ____	____

