

HYPNOVATIONS

REGISTRATION - Basic Clinical Hypnosis

November 4, 5, 6, 2016

NAME _____

ADDRESS _____

CELL _____ WORK _____

EMAIL _____

PROFESSION _____ SPECIALTY _____

LICENSE # _____ TERMINAL DEGREE _____

(Students Only) GRADUATE SCHOOL _____

DEGREE _____ ANTICIPATED GRADUATION DATE _____

*Hand-outs available to download for free via www.Hypnovations.com 1 week prior to the workshop or pre-order **printed** hard copy for an additional \$25*

Registration Fee: \$475

Medical/Mental Health Graduate Student: \$450

Printed Hand-outs: \$25

Total _____

Make check payable to: **Hypnovations** **OR** Credit card: _____ M/C _____ Visa

CREDIT CARD # _____

EXPIRATION _____ SECURITY CODE _____

CARD HOLDER'S NAME & ADDRESS _____

SIGNATURE _____

Fax to 802-419- 3829 or mail to:

Maureen Turner, Co-Director

HYPNOVATIONS c/o Motivation Hypnosis

31 Main Street, Suite 6, Burlington, VT 05401

ADDITIONAL INFORMATION: Maureen Turner at 802-338-8040

REFUNDS: A \$30 handling fee is deducted for cancellation. Refund requests must be received one week prior to the course or no refund available.

LOCATION & LODGING: **Hampton Inn Burlington-Colchester, VT**

42 Lower Mountain View Drive, Colchester, VT 05446 / 802-655-6177

Group Rate Code: HBS

<http://hamptoninn.hilton.com/en/hp/groups/personalized/B/BTVMVHX-HBS-20161103/index.jhtml>