



- Step 1** Print Form: Complete this form by typed or hand written legible block letters.
- Step 2** Submit : Application form and Program Registration form
- Step 3** Timing: Applications must be received six weeks prior to program start date
- Step 4** Send : Mail To: Act Admissions Office Fax To: (525) 55 59 98 30  
Roberto Gayol 48  
Mexico D.F. 03100

**Office Use Only**  
 Date Received: \_\_\_\_\_  
 Student Name \_\_\_\_\_  
 Student No. \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Language English  Spanish   
 Other \_\_\_\_\_

**Applicant Information**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Address: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_ FAX Area Code \_\_\_\_\_ Number \_\_\_\_\_ E- mail: \_\_\_\_\_  
 Voter Registration Folio Number: \_\_\_\_\_

**Training Selection**

<input checked="" type="checkbox"/> Program	<input checked="" type="checkbox"/> Course
<input type="checkbox"/> CHR-500 Corporte HR Program	<input type="checkbox"/> CHR- 501 Introduction to Ericksonian Hypnotic Strategy
	<input type="checkbox"/> CHR- 502 Basic Ericksonian Philosophy
	<input type="checkbox"/> CHR- 503 Introduction to Group Dynamics
	<input type="checkbox"/> CHR- 504 Abduction Management
<input type="checkbox"/> Full Program	

**Education Documentation\***

Highest Degree: _____	Other Degrees _____	Other Training _____
Institution: _____	Institutions: _____	Institutions: _____
Date: _____	Dates: _____	Dates: _____

\*Attach CV or Resume for further information as necessary

**Work History**

Current position: Title \_\_\_\_\_ Number of years \_\_\_\_\_  
 Company/institution: Name \_\_\_\_\_ Location \_\_\_\_\_  
 Job Description: \_\_\_\_\_

Previous position Title \_\_\_\_\_ Number of years \_\_\_\_\_  
 Company/institution: Name \_\_\_\_\_ Location \_\_\_\_\_  
 Job Description: \_\_\_\_\_

**Sponsoring Company(s)**

Please provide the name and the company that is sponsoring the training.

Sponsor 1: Professional Relationship to Sponsor \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_ E-mail \_\_\_\_\_

Sponsor 2: Professional Relationship to Sponsor \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_ E-mail \_\_\_\_\_

### Training Purpose

Please provide a brief description of the purpose for the training

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How do you plan to apply the training? Please specify the location, organization and position.

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### General Information

How did you find out about ACT Institute?

Website  Seminar  Lecture  Advertisement  Other \_\_\_\_\_  Referral \_\_\_\_\_

Is the company a current sponsor of ACT Institute?

No  Yes

Is the company interested in becoming a sponsor of ACT Institute?

No  Yes  Scholarships  Gift Donation

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

### Agreement

I \_\_\_\_\_ submit my application to ACT Institute and verify that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date