



Corporate Human Resources Registration Form # CHR-30

- Step 1** Print Form: Complete this form by typed or hand written legible block letters.
- Step 2** Submit : Registration form with Program Application form SAEL-20
- Step 3** Timing: Forms 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 _____

Registrant Information

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

Training Registration

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

Course Schedule

Course	Month/Day/Year
<input type="checkbox"/> CHR- 501 Introduction to Ericksonian Hypnotic Strategy	Start Date _____
<input type="checkbox"/> CHR- 502 Basic Ericksonian Philosophy	Start Date _____
<input type="checkbox"/> CHR- 503 Introduction to Group Dynamics	Start Date _____
<input type="checkbox"/> CHR- 504 Abduction Management	Start Date _____

Payment Schedule

Payment must be received in full three weeks prior to workshop
 Make Personal Check (must clear prior to attendance) Money Order or Certified Check payable to International Institutes for Hypnotherapy, Trauma Treatment Training and Research A.C

Registration Policy

The Registration Fee of \$25.00 is payable with registration and is non refundable. Early registration discount of 10% with registration 6 weeks prior to class commencement must be accompanied with a 50% nonrefundable deposit

Group Discount Application Please enclose name of organization individuals in group, training requirements and location. Minimum group sizes of 15 students apply

Scholarship Application Please enclose a letter of application for scholarship with financial, community and credentials information

Cancellation Policy

Written cancellation must be received 21 days prior to class commencement for a full refund less Registration fee of \$25.00
 Cancellations received less than 21 days prior to class commencement are Non Refundable.

Register

I _____ submit my registration to ACT Institute . I have read and accept the cancellation policies.
 Enclosed please find my payment of \$ _____ USD. I will mail payment seperately in the amount of \$ _____ USD.

Signature _____

Date _____