



# Healthcare Practitioners Registration Form # HPR-10 Page 1 of 2

- 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

Program	Course	Fees (USD)
<input type="checkbox"/> COR-100 Core Training	<input type="checkbox"/> COR- 101 Introduction to Ericksonian Hypnosis	\$ _____ (USD)
	<input type="checkbox"/> COR- 102 Basic Ericksonian Philosophy & Hypnotherapy Techniques	\$ _____ (USD)
	<input type="checkbox"/> COR- 103 EMDR Level 1	\$ _____ (USD)
	<input type="checkbox"/> COR- 104 EMDR Level 2	\$ _____ (USD)
<input type="checkbox"/> HST-200 Hypnotherapy Supervisor and Teacher Training	<input type="checkbox"/> HST- 201 Hypnotherapy Supervisor	\$ _____ (USD)
	<input type="checkbox"/> HST- 202 Introduction to Group Dynamics	\$ _____ (USD)
	<input type="checkbox"/> HST- 203 Hypnotherapy Teacher	\$ _____ (USD)
<input type="checkbox"/> SPT-300 Specialization Training	<input type="checkbox"/> SPT- 301 Hypnotherapy with Specialization	\$ _____ (USD)
	<input type="checkbox"/> SPT- 302 EMDR with Specialization	\$ _____ (USD)
<input type="checkbox"/> TRT-400 Trauma Therapy Training	<input type="checkbox"/> TRT- 401 Trauma Treatment	\$ _____ (USD)
	<input type="checkbox"/> TRT- 402 Abduction Therapy	\$ _____ (USD)
<input type="checkbox"/> Full Program		<b>Total \$ _____ (USD)</b>

## Course Schedule

Course	Month/Day/Year
COR-100 Core Training	
<input type="checkbox"/> COR- 101 Introduction to Ericksonian Hypnosis	Start Date _____
<input type="checkbox"/> COR- 102 Basic Ericksonian Philosophy & Hypnotherapy Techniques	Start Date _____
<input type="checkbox"/> COR- 103 EMDR Level 1	Start Date _____
<input type="checkbox"/> COR- 104 EMDR Level 2	Start Date _____
HST-200 Hypnotherapy Supervisor and Teacher Training	
<input type="checkbox"/> HST- 201 Hypnotherapy Supervisor	Start Date _____
<input type="checkbox"/> HST- 202 Introduction to Group Dynamics	Start Date _____
<input type="checkbox"/> HST- 203 Hypnotherapy Teacher	Start Date _____
SPT-300 Specialization Training	
<input type="checkbox"/> SPT- 301 Hypnotherapy with Specialization	Start Date _____
<input type="checkbox"/> SPT- 302 EMDR with Specialization	Start Date _____
TRT-400 Trauma Therapy Training	
<input type="checkbox"/> TRT- 401 Trauma Treatment	Start Date _____
<input type="checkbox"/> TRT- 402 Abduction Therapy	Start Date _____

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Other \_\_\_\_\_

### 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