



- 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"/> PHR-600 Public HR Program | <input type="checkbox"/> PHR- 601 Introduction to Ericksonian Hypnotic Strategy |
|  | <input type="checkbox"/> PHR- 602 Basic Ericksonian Philosophy                  |
|  | <input type="checkbox"/> PHR- 603 Introduction to Group Dynamics                |
|  | <input type="checkbox"/> PHR- 604 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 Organization(s)

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

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

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

**Training Purpose**

Please provide a brief description of the purpose for the training

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

How did you find out about ACT Institute?

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

Is the organization a current sponsor of ACT Institute?

No  Yes

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

No  Yes  Scholarship  Gift Donation

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

**Agreement**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**