

Hypnosis Certification Course Application Form

Name:

Address:

City: State: Zip/Postal Code:

Phone No.: Home CELL:

Please list any education you have (including: High School, GED, College and/or any other training):

School: Year Attended:

School: Year Attended:

School: Year Attended:

Type of Degree/Certification:

Please submit a statement of your goal/s for taking this course (Must be at least 20 words):

PAYMENT:

CLASS TUITION: _____

NATH MEMBERSHIP: _____

TOTAL: _____

Deposit Paid: _____ (Circle) Check/Cash **Check #** _____

Date Deposit Paid: _____ **Balance Due:** _____

Balance Paid: _____ (Circle) Check/Cash

Date Paid in Full: _____

Please make all checks payable to: Kimberly R. Zapf

****There will be a \$20.00 fee on all returned checks** If you are putting a deposit down for the class you must put \$250.00 down to reserve your place in the class. All class fees must be paid by the first day of the course. We strongly recommend that you become a member of The National Association of Transpersonal Hypnotherapists \$75.00 (You will receive a membership and be part of a worldwide Hypnotherapist registry, get an extra certification, be connected to www.holistictree.com for continuing education.**

“All tuition and Fees paid by the application shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing the contract with the school. All refunds shall be returned within 30 days” .

Mail to:

**The Awareness Institute
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Lambertville , MI 48144
(734) 854-1514
litewayoffice@aol.com**