

Hypnosis Workshop
May 30, 31 and June 1 2024

Registrant:

Title: Dr. Mr. Mrs. Ms.

Name: _____

Payment:

Cheque Enclosed

Already paid online

Virtual Terminal payment option:

Visa Mastercard

Card Number

Expiry: Month Year

Three-digit security code (back of card)

Amount authorised or paid: \$ _____

Cheques payable to CSCH-OD

(No post-dated cheques please)

Mail to:

705- 20 Aurora Court, Scarborough,
ON M1W 2M2

To benefit for the Early Bird rate, both the
completed registration form and payment must
be received by 6 p.m. on the day of the deadline.

Registration Form

Email address (required): _____

Mailing address: _____

This is my: Home address Office address

Phone Number: _____ Highest degree: _____

I qualify for the member rate because I belong to CSCH, CFCH, SCEH, or ASCH

Please circle the applicable society and provide your membership number: _____

I am a licensed, registered professional:

I am a member in good standing of the (college) _____

(e.g. CPSO, CPO, OCSWSSW, CRPO, CNO, etc.)

License/Registration number: _____

Or

I am a student or medical resident. I have read the eligibility requirements on the website and I am eligible for the student rate. I have attached proof of my current enrollment.

Program and school: _____

Graduation/completion date: _____

I confirm the accuracy of the information provided: _____

Registrant's signature

