

## Introductory Workshop

October 22 & 23, 2021

### 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:

**CSCH-OD Advanced Workshop**  
**2321 Av. Regent,**  
**Montreal, QC, H4A 2R2**

To benefit from the Early Bird price, both the completed registration form and payment must be received no later than 6 p.m. on the day of the deadline.

Enrollment may be limited, so please submit your registration application as soon as possible.

## Registration Form

Email Address (required): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

This is my: home address  office address

Phone number: \_\_\_\_\_ Highest degree: \_\_\_\_\_

I qualify for member's rate because I belong to CSCH, CFCH, SCEH or ASCH.  
Please circle the applicable Society and provide your membership number: \_\_\_\_\_

I took my introductory hypnosis training at:

Organisation: \_\_\_\_\_ Year: \_\_\_\_\_

Check and complete the details **for only one**:

I am a licensed, registered professional:  
I am a member in good standing of the (college) \_\_\_\_\_  
(e.g. OCSWSSW, CPO, CFPC, CNO, CRPO, etc.)

Registration/license number \_\_\_\_\_

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

Course and school \_\_\_\_\_

Graduation/completion date: \_\_\_\_\_

**I confirm the accuracy of the information provided.** \_\_\_\_\_

Registrant's signature

