# Intermediate Workshop Registration Form

Dates: October 24 and 25 2025

**Registration Details**

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

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

☐ Home address ☐ Office address

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I qualify for the member’s rate because I belong to CSCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Introductory Hypnosis Training**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_

Check one:

☐ I am a licensed, registered professional
College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., OCSWSSW, CPO, CPSO, CNO, CRPO, etc.)
Registration/Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I am a student or medical resident (proof of enrollment attached)
Course & School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Graduation/Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm the accuracy of the information provided and for CSCH-OD correspondence.**

Registrant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Payment Details:

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Method

☐ Cheque Enclosed ☐ Visa ☐ MasterCard ☐ Already paid online

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_\_ / \_\_\_\_\_\_

Security Code (CVV): \_\_\_\_\_\_

Amount Paid/Authorized: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Cheques payable to Canadian Society of Clinical Hypnosis-Ontario Division**

 **(No post-dated cheques please.)**

Mail to: 1920 Ellesmere Road, Suite 208, Scarborough, Ontario, M1H 2V6