

REGISTRATION FORM BASIC ELEMENTS OF HYPNOSIS

taught by FLIP ORLEY

Please fill in all blank spaces. Please Print Clearly.

COURSE DATES: 2 Day Course - Monday Nov 17 & Tuesday Nov 18, 2008

COURSE TIME: 7:00 pm – 9:30 pm

Name: _____

Street Address: _____

City, State, Zip _____

Phone number (daytime): _____

Phone number (evening): _____

Email Address: _____

Emergency Contact: _____

Company Name: _____

SEMINAR RATES:

\$150.00 per person for advance registration

\$175.00 per person day of seminar

Once payment is made, there are NO REFUNDS or CANCELLATIONS

How will you be paying? (please check one):

Cash _____ Check _____ Credit Card: Visa _____ MasterCard _____ Amex _____

Credit Card #: _____ — _____ — _____ — _____

Exp. Date (Month/Year): _____ / _____

Signature: _____

This is an educational seminar.

Acceptance is at our sole discretion and we reserve the sole right to refuse service and/or admission to anyone without prejudice and for any reason whatsoever. As an educational seminar, this is not meant for therapy. For those seeking therapy, we encourage you to see your local therapist or other qualified service.

This seminar might contain adult language.

There is no audio or video recording / taping, please.

Please answer the following questions:

What is your current occupation? _____

What would you like to get out of the seminar? Do you have a specific goal?

What experience, if any, do you have with hypnosis / self-hypnosis?

How did you find out about this seminar?

Is there anything you are aware of that will prevent you from succeeding?

NO MEDICAL OR THERAPEUTIC CLAIMS MADE, EXPRESSED, OR IMPLIED. INDIVIDUAL RESULTS MAY VARY. EVERY IDEA CAN BE ACCEPTED OR REJECTED BY YOU. USE YOUR GOOD COMMON SENSE AND UNDERSTAND THAT YOU ARE RESPONSIBLE FOR YOUR OWN DECISIONS AND ACTIONS.

**Please return this application form promptly to:
The DC Improv Comedy Club
c/o Allyson Jaffe
1140 Connecticut Ave. NW
Washington, DC 20036
Fax 202-466-7282
Phone 202-296-7008**