Enrollment application:

Name:

Address:

Phone:

Email:

License and credentials/Certification:

Note: Upon completion of Course Requirements, you will be certified as a Hypnotist, Consulting Hypnotist or Hypnotherapist (note: proof of Health/Mental Health current license will be required upon application for certification as a Hypnotherapist through the NGH.).

|  |  |  |  |
| --- | --- | --- | --- |
| **X the correct box Course** | | **#QTY** | **Fee:** |
|  | **Certification Training course** |  | **$2,000.00** |
|  | **Materials (required)** |  | **$ 225.00** |
|  | **Early Registration Special** |  | **-($ 100.00)** |
|  | **Private Instruction/Supervision** |  | **$ 100.00/hr.** |

Please submit your minimum deposit of $500.00 to Payment method:

* **Zelle:** [**Info@hypnowsdom.com**](mailto:Info@hypnowsdom.com) **or 203-803-0609**
* **Venmo: SarahGewanter see** [**@gewanter**](mailto:gewanter@aol.com)
* **Check (make checks payable to The Counseling Center), mail to: The**

Counseling Center: 690 Boyd Rd., Leicester, NC 28748-9208

* **MasterCard / Visa (fill in below or call Sarah Gewanter to give details by phone.**
* **Check here if payment plan is requested (call for details)**

|  |  |
| --- | --- |
| **Amount to Charge:** |  |
| **Credit Card Type:** |  |
| **Account Number:** |  |
| **Name as it appears on the card:** |  |
| **Expiration Date:** |  |
| **SEC Code:** |  |