



REGISTRATION FORM

9 DAY COMPREHENSIVE CLINICAL HYPNOSIS TRAINING

WITH LILIANA CANÉ, PH.D., PSYCHOLOGIST

Director, Milton H. Erickson Institute of Montreal

September 24, 25, 26 2010

November 12, 13, 14 2010

February 4, 5, 6 2010

Name _____

Credentials (check one):

MD _____ PhD MA MEd MSW RN/RPN

Student

Other (Specify): _____

Organization/Affiliation: _____

Street Address: _____

City: _____ Province/State: _____ Postal Code/ZIP: _____

Phone: () _____ Fax: () _____

E-mail (for confirmation): _____ @ _____

Special Needs (please specify): _____

Fees (CAD\$)

Please check one:

Early Bird Fee (before August 17, 2010) \$600 Deposit Total Fee of \$2450

Regular Fee (after August 17, 2010) \$600 Deposit Total Fee of \$2750

The \$600 Deposit with registration reserves your place in the workshop. The deposit is refundable if notice of cancellation is given by September 10th, 2010 at the latest. The full amount will be refunded if an applicant is not accepted or the training program is cancelled.

Balance to be paid at each of the three workshops as follows:

Early Bird Balance: \$1850 (\$2450 - \$600) = \$616.67 at each of the three workshops.

Regular Fee Balance: \$2150 (\$2750 - \$600) = \$716.67 at each of the three workshops.

Register and Pay Online: www.anxietyandtraumaclinic.com

If Paying by Cheque, please make cheque payable to "Trauma Conference" and mail with registration form to address below.

**If Paying By Cheque/Money Order
Mail Cheque and Completed Registration Form to:**

Comprehensive Clinical Hypnosis Training
Ottawa Anxiety & Trauma Clinic
Suite 202 - 2277 Riverside Drive
Ottawa, ON Canada K1H 7X6
Tel: (613) 737-1194 Fax: (613) 737-5884

Privacy Commitment

The Ottawa Anxiety & Trauma Clinic collects and uses personal information only to process registration, administer the event, and to invite participants to future conferences hosted by our clinic.