

# Clear View Hypnotherapy Institute

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8864 SW 129 Terrace, #B

Miami, FL 33176

[www.clearviewhypnosis.com](http://www.clearviewhypnosis.com) – (786) 541.6553

## **Enrollment Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL Identification: \_\_\_\_\_

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### Education Background

College/ University Attended: \_\_\_\_\_

Major/ Degree: \_\_\_\_\_ Grad Year: \_\_\_\_\_

College/ University Attended: \_\_\_\_\_

Major/ Degree: \_\_\_\_\_ Grad Year: \_\_\_\_\_

College/ University Attended: \_\_\_\_\_

Major/ Degree: \_\_\_\_\_ Grad Year: \_\_\_\_\_

High School Attended: \_\_\_\_\_

City/ State: \_\_\_\_\_ Grad Year: \_\_\_\_\_

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Choose the course you would like to enroll for.

Basic Hypnosis Course – 60 Hour

Advanced Hypnotherapy – 25 Hour

Master Clinical Hypnotherapy – 15 Hour

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Course Start Date: \_\_\_\_\_ Class Meeting Times: \_\_\_\_\_

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## Payment Information

Please check how you would like to pay for the course.

Cash       Check # \_\_\_\_\_       Visa       MC       Amex

## Credit Card Information

Name on Credit Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

30% Down Payment is required for registration. The down payment is refundable up to the first day of class.

Payment Made for \$ \_\_\_\_\_ Today's Date: \_\_\_\_\_

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I, \_\_\_\_\_ hereby acknowledge that the information I have provided to Clear View Hypnotherapy Institute, Inc. is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_