**EUROPEAN ASSOCIATION OF MEDICAL HYPNOTHERAPY AND SUBCONSCIOUS THERAPY**

**Dr. ELENA GABOR, HYPNOSIS INSTRUCTOR**

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**REGISTRATION FORM FOR HYPNOSIS/HYPNOTHERAPY, MEDICAL HYPNOTHERAPY, PAST LIFE REGRESSION THERAPY, LIFE BETWEEN LIVES REGRESSION AND GUIDED MEDITATION CERTIFICATION PROGRAM**



**CERTIFICATION PROGRAM**

**IN HYPNOSIS / HIPNOTHERAPY**

**MEDICAL HIPNOTHERAPY**

**PAST LIFE REGRESSION THERAPY**

**LIFE BETWEEN LIVES REGRESSION**

**AND GUIDED MEDITATION**

**2018-2019**

**PERSONAL INFORMATION**

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email:

Birth date:

Occupation/ Profession:

Education:

Other Hypnotism Training/ Memberships:

I have practice hypnosis since:

Have you ever been convicted of a felony?

**CANCELATION RULES**

*If a student would like to withdraw from the certification training after receiving the access to the Online Module or after the training has started, the fee is nonrefundable.*

*\*By registering to the certification program you agree with the terms and conditions.*

**After filling out this form please send it via email to drelenagabor@yahoo.com**

THANK YOU! WE ARE LOOKING FORWARD TO HAVING YOU IN OUR CLASS!

**For any questions please contact Dr. Elena Gabor at**

drelenagabor@yahoo.com

001-310-614-9919