



Meeting Registration Form

Meeting Date: _____
(This form must be mailed no later than 5 days prior to the event)

Contact Information:

Name _____

Address _____

City _____ State _____ Zip _____

Tel: _____

Registration for:

_____ **Members:** Name of each member registering:

_____ **Non-Members:** Name of each non-member registering:

_____ **Students:** Name of each student registering:

_____ **Guests:** Name of each guest registering:

Preregistration Fees:

1. Member \$45
2. Non-Member \$65
3. Student \$35
4. Guest \$20

Add \$10 if paid at the door (cash or check only).

To qualify for student rate you must be currently enrolled in a course that upon graduation will result in qualification for membership in the Oregon Hypnotherapy Assn.

Guests must be preregistered with their member host. Members receive \$5 reduction in fee for each guest they preregister.

Enclose Check for

\$ _____ (total)

Instructions

Print and fill out this form, then mail to:

Oregon Hypnotherapy Association
PO Box 3511
Salem, OR 97302