

California Hypnotherapy Academy
 601 University Ave., Ste. 280, Sacramento, CA 95825
 916-373-1932
 2010 Application for Enrollment

All payments or payment arrangements must be made before the class begins. Upon successful completion of this program and provided that all fees are paid in full and homework has been turned in, participants will receive a Certificate of Completion and will be eligible for Certification with the American Council of Hypnotist Examiners.

Name _____ Birth date _____
 Address _____ Apt _____ Age _____
 City _____ State _____ Zip _____
 Home Phone _____ Work _____ Cell _____
 E-mail address _____
 Occupation _____
 Education GED HS BA MA/MS PhD Other _____

Do you have any special physical needs we should know about? No Yes If yes, explain:
 Are you currently on any antidepressant, antipsychotic, or other mood altering medication? No Yes
 If yes, explain:
 Have you ever been diagnosed with or treated for a mental illness? No Yes If yes, explain:

Do you have any felony or morals conviction or charge in your background? No Yes If yes, explain:

Previous Hypnosis Training: _____

How did you hear about us? Referral, newspaper, yellow pages, internet, other: _____

What made you select CHA for your hypnosis training? _____

How do you plan to use your training? _____

I have received a copy of the California Hypnotherapy Academy catalog. _____ (initial)

Tuition & Fees:	Pay in full	Payment Plan	
Application Fee (one time only; non-refundable)	\$ 100.00	\$ 100.00	_____
Level 1- Basic Hypnosis and NLP (100 hours)	1,795.00	1,895.00	_____
Level 1- Book	55.35	55.35	_____
Tuition deposit	400.00	400.00	_____
Level 2- Applied Hypnotherapy (100 hours)	1,795.00	1,895.00	_____
Level 2- Books	102.66	102.66	_____
Level 3- Advanced Hypnotherapy (20 hours per weekend)	1,861.00	1,961.00	_____
Tuition per weekend class Paid 2 weeks prior: \$360	385.00	385.00	_____
Internship Paid 2 weeks prior: \$360	385.00	385.00	_____
Specialty class: _____	425.00	N/A	_____
Total due with application			\$ _____

Buyer's Right to Cancel. The student has a right to cancel the enrollment agreement and obtain a refund. The institution shall, for all students, refund the amount paid for the instructional charges, less a reasonable deposit or application fee not to exceed \$250.00, if the notice of cancellation is made on or before the first day of instruction. Further, the student has the right to withdraw from a course of instruction at any time. A student who has completed 60 percent or less of the course of instruction shall be granted a pro rata refund of tuition and amounts paid for returnable equipment (excludes books). If the student withdraws from the program of instruction after instruction has begun, the student is obligated to pay only for educational services rendered and any equipment not returned, plus the non-refundable registration fee of \$100.00

Hypothetical Refund Example: 200 hour course, tuition = \$3,390.00, registration = \$100.00, total course cost = \$3,490.00. Student completes 50 hours of instruction. \$3,490.00 less \$100.00 (registration fee) - \$3,390.00 divided by 200 (course hours) = \$16.95 hourly course charge. 50 hours x \$16.95 = \$847.50. \$3,390.00 less \$847.50 = \$2542.50.00 refund. Book costs are not refundable.

If a student chooses to cancel, according to the above stated conditions, he or she must submit a written notice of cancellation and request for a refund to the California Hypnotherapy Academy, Katherine Zimmerman, Director, 601 University Ave., Ste. 280, Sacramento, CA 95825.

Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school should be directed to the Dept of Consumer Affairs, 1625 North Market Blvd., Ste. S-308, Sacramento, CA 95834. (916) 574-8200

I am enclosing a check or Credit Card # for \$555.35 to hold my space in Level 1.

I am registering for Level One Level Two Level Three Specialty Class

I will Pay the balance in full or Use the Payment Plan (*continue below**)

(*Level 3: choose 5 weekends/internship and save \$130 or pay individually*)

I am registering for an individual weekend: EFT/BSFF Past Life Regression

Self-Empowerment Spiritual Hyp Internship

_____ *Specialty Class/Guest instructor*

I will need _____ CE hours (\$3/CE hour). My license number is _____.

To register: 1) Mail form & check to CHA, 601 University Ave., Ste. 280, Sacramento, CA 95825;

2) Mail form & pay online: http://www.trancetime.com/class_registration.html ;

3) Mail form with _____
credit card number Exp date 3-digit security code

or call with credit card information: 916-373-1932

This agreement is a legally binding instrument when signed by the student and accepted by the school. I understand that the California Hypnotherapy Academy offers no placement services or guarantee of employment to the graduates of this course. I understand the intense and emotionally based nature of this training may stimulate me to deepen my personal growth. I commit an oath of confidentiality of the personal information I witness to during this training. I take responsibility for my health and well-being during class hours. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that I understand the institution's cancellation and refund policies.

Student's signature

Date

Signature and title of school official

Date