



MILTON H. ERICKSON FOUNDATION

# ONLINE CONSULTATION CLASS 2017

April 14th • May 19th • June 16th • July 14th • August 4th • September 15th

**Register by April 7, 2017**

Name \_\_\_\_\_  
*please print*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ University Attended \_\_\_\_\_

University Major \_\_\_\_\_ Highest Degree only \_\_\_\_\_

Professional License # \_\_\_\_\_

I am registering for the ONLINE CONSULTATION CLASS, scheduled for the following dates, at \$240 for 6 months :

<b>Lilian Borges</b>	<b>April 14th</b>	<b>Self Hypnosis: techniques and applications</b>
<b>Jeff Zeig</b>	<b>May 19th</b>	<b>Paradox</b>
<b>Jeff Zeig</b>	<b>July 14th</b>	<b>Anecdotes</b>
<b>Lilian Borges</b>	<b>June 16th</b>	<b>Hypnosis and Mindfulness: get the best of both worlds</b>
<b>Brent Geary</b>	<b>August 14th</b>	<b>Using the Hypnotic Phenomena in Assessment</b>
<b>Brent Geary</b>	<b>Sept 15th</b>	<b>Dimensions of Dissociation in Clinical Hypnosis</b>

### APPROVALS & ACCREDITATIONS

- APA** - The Milton H. Erickson Foundation, Inc., is approved by the American Psychological Association to sponsor continuing education for psychologists. The Milton H. Erickson Foundation, Inc. maintains responsibility for this program and its content.
- NBCC** -The Milton H. Erickson Foundation is an NBCC-Approved Continuing Education Provider (ACEP™) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program.
- ASCH** - This 9.0 hour course titled Online Individualized Consultation is approved for credit toward membership and certification requirements with the American Society of Clinical Hypnosis.

I am enclosing \$\_\_\_\_\_ to participate in the Online Supervision Class.

Personal/Company Check # \_\_\_\_\_ (Please make check payable to Erickson Foundation)

Credit Card (Please check on of the following:)  Visa  MasterCard  Discover  American Express

Credit Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address, Zip/Postal Code \_\_\_\_\_ Billing Address Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
*(As it appears of card)*

**For more information contact Teresa at the Milton H. Erickson Foundation**  
**602-956-6196 / 877-212-6678**  
**Or email: [teresa@erickson-foundation.org](mailto:teresa@erickson-foundation.org)**

#### Cancellation Policy

Requests for refunds MUST BE IN WRITING and are subject to a \$50 administrative fee. Full refunds, less the service charge, will be made if the request is postmarked one week before the first class.