



NATH Registration
Email to MM@michaelmcgee.net
National Association of
Transpersonal Hypnotherapists
Clinical Director/Trainer
Michael McGee, LPC, MS, DCH

Name _____
 (as you want it to appear on your certification)

Address _____

City _____ State _____ Zip _____

Off. Phone _____ Home Phone _____ Cell _____

Emergency Contact _____

Medical/Mental Health Conditions _____

Email _____ Website _____
 (To Receive E-bridge Newsletter) Birthday (optional) _____

Education

Name	City/State	Dates	Major	Degree	Received
College _____					

Trade School _____

Hypnosis or Reiki Training/Experience _____
 (Please attach certifications from other institutes if applicable)

High School _____
 (Recommended- If N.A., then a G.E.D. is required for certification)

Class Registering for: _____
 (Title) (Date) (Location)

How did you find about N.A.T.H. (Please Be Specific)? _____

Completion of this form, with a 1/2 page "Goal Statement" on the back, and a \$395.00 deposit will preregister you for courses. Deposits are non refundable, but may be applied to a later course within a one year period. VISA, Master Card and American Express are accepted; and personal checks will be approved with the Credit Card number and expiration date clearly marked on it. Make checks payable to Alternatives Center, Inc.. All Funds must be in US dollars. Certifications are released upon completion of all scholastic and financial requirements. Students not contacted after pre-registering, are considered to be enrolled.

Credit Card # _____ or call 540-641-1304 Exp Date _____

Amount Authorized _____ Payment Type: ___ Visa ___ MC ___ AmEx Check# _____

I hereby subscribe that all of the information contained in this registration is true and complete. I have read, understand and agree to comply with all of the policies in the current course catalog.

For Office Use Only
 ST Amt: _____
 Disc: _____
 SubT: _____
 Dep: _____
 Bal: _____

 Signature, email, credit card approval