

**ENROLMENT FORM FOR CERTIFICATE COURSE  
PRINT CLEARLY**

Use **ONE** Enrolment Form per person  
Please photocopy if more than one is required.

Please make cheques or money orders payable to:  
**“THE NSW SCHOOL OF HYPNOTIC SCIENCES”**

NAME: DR/MR/MRS/MS.....

MAILING ADDRESS:.....

SUBURB:.....STATE:.....P/CODE:.....

TELEPHONE:.....ah.....wk.

MOBILE TELEPHONE:.....

EMAIL ADDRESS:.....

OCCUPATION:.....

QUALIFICATIONS:.....

**I wish to enrol in the Certificate in Clinical Hypnotherapy commencing**

**on:**.....

I wish to pay by the following method:

I have enclosed:

Cheque

\$300 deposit

Money Order

OR

Credit Card

\$ .....

CREDIT CARD DETAILS

VISA/MASTERCARD

NAME (as it appears on card)

.....

Card  
Number

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Expiry Date:...../.....

Card Holders Signature.....

**POSTAL ADDRESS: PO BOX 423, EASTWOOD, NSW, 2122**

**PHONE: (02) 9807 4659 FAX: 02 9874 0020**