

MISSOURI INSTITUTE OF HYPNOTHERAPY

INSTRUCTOR: LINDA GENTRY RN, BS, CHt  
ADVANCED CLINICAL AND MEDICAL HYPNOTHERAPY TRAINING & CERTIFICATION

October 1-2, 2011 Time: 9am—6:30pm  
Location: Warrensburg, MO. 64093 Cost: \$349 MIH members \$ 314

This class is Advance training and is open to limited participants.  
Requirements to be eligible for this training are as follows:

**Mental Health Provider  
Health Care Provider**

**100 hours of previous hypnosis training**

Contact me with questions if you're not sure if you fit in this category.  
Linda Gentry, 660 747 3277 or lindagentry@hypnosismo.com

The focus of this training is Clinical and Medical Hypnosis.

This is a **NON-DIRECTIVE HYPNOSIS TRAINING**

This training is beyond reading scripts to your client.

This training is about finding core events and assisting the client to the path of their own resolution.

This training will teach YOU, the hypnotherapist, how to assist with:

**PAIN MANAGEMENT**

**DEAL WITH GRIEVING FOR BODY PARTS**

**ENCHANCE HEALING WITH THE POWER OF THE MIND**

**REDUCE THE DISCOMFORT OF SIDE EFFECTS OF MEDICATION and TREATMENTS**

The following are areas of focus for this training:

**Cancers, IBS, Amputation, Phantom Pain, Chronic Pain, Migraines, Morbid Obesity, Addictions,  
Self destructive behavior, Sexual abuse, Trauma physical and emotional, Anxious, Nervous, Fears.**

**THIS IS AN INTENSIVE WEEKEND CERTIFICATION PROGRAM.**

Registration is **Open to the first 10** participants that make application and **are accepted** into the training.

Do not delay as review of your application is mandatory before registration is accepted.

Payment is due with application and registration.

Your payment will not process until you are informed of your acceptance in the training program.

**It is recommended you wait to make travel plans until you receive notification of acceptance.**

To submit registrations for this program complete the following Check List:

Complete the application form.

Complete the registration form.

Enclose Documentation of previous Hypnosis Training (do not send originals this information will not be returned)

**REGISTRATION FORM MUST BE TYPED**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Eve: \_\_\_\_\_

Email: \_\_\_\_\_

Please check the appropriate category:

MIH Member \$314.00 \_\_\_\_\_

Non- Member \$349.00 \_\_\_\_\_

I would like information regarding becoming an MIH member: \_\_\_\_\_

I am enclosing payment in the amount of \_\_\_\_\_ for registration for the **October 1-2, 2011, Advance Training and Certification in Medical and Clinical Hypnotherapy Training.**

PLEASE DO NOT SEND CASH! Money Orders are accepted. Payable to Linda Gentry

I am enclosing check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Checks Payable to: Linda Gentry

I am making Payment by: Master Card - Visa - Discover < Circle one

Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Print Name on the card: \_\_\_\_\_

Signature: X \_\_\_\_\_

I have enclosed the following in my registration packet.

- ✓ Completed Application Form
- ✓ Completed Registration Form
- ✓ Payment in Full
- ✓ Documentation of 100 hours of Previous Hypnosis Training
- ✓ MAIL ALL INFORMTION TO the secure address of, **PO Box 304, Windsor, MO 65360**  
OR via email to **[lindagentry@hypnosismo.com](mailto:lindagentry@hypnosismo.com)**

I understand that the class is limited to the first 10 qualified participants and that I will be notified of my accepted and that my payment will be returned in full if I do not receive a seat in the training program.

Print Name: \_\_\_\_\_

Signature: X \_\_\_\_\_

Cancellation Policy:

Cancellations received post marked by **September 15, 2011** will receive a full refund minus a \$200 service fee.

Cancellations received post marked after **September 15, 2011** no refund available.

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## APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Eve: \_\_\_\_\_

Email: \_\_\_\_\_

If you have a formal CV you may attached to this form instead of completing the form

### EDUCATION

COLLEGE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

COLLEGE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

COLLEGE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

### CERTIFICATION ORGANIZATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CERTIFICATION RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CERTIFICATION RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CERTIFICATION RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

## HYPNOTHERAPY/HYPNOSIS TRAINING

HYPNOTHERAPY/HYPNOSIS TRAINING

NAME OF TRAINER: \_\_\_\_\_  
NAME OF ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CERTIFICATION RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
NUMBER OF HOURS IN THE TRAINING PROGRAM: \_\_\_\_\_

HYPNOTHERAPY/HYPNOSIS TRAINING

NAME OF TRAINER: \_\_\_\_\_  
NAME OF ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CERTIFICATION RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
NUMBER OF HOURS IN THE TRAINING PROGRAM: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

EMPLOYER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
JOB DISCRPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STATE OR FEDERAL REGISTRATION OR LICENSURE

LIST THE STATE YOUR LICENSE OR REGISTRATION NUMBER AND THE YOU'RE YOUR  
LICENSES IS UNDER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you work Part Time or Full Time as a hypnotherapist. \_\_\_\_\_  
How many hours a week do you utilize hypnotherapist in your current profession: \_\_\_\_\_

After I review your application I will contact you to schedule your phone interview.  
How do you want me to contact you? Phone, email, postal service

I look forward to speaking with you.

Sincerely,  
Linda Gentry RN, BS, CHt.