

## Application IARRT Regression Therapy Training Courses

Your application is used to make a placement evaluation for appropriate Level of Training.

No application is required for Continuing Education Courses

I am interested in taking:

- Hypnosis & Introduction to Regression Therapy
- Level 2 - Fundamental Skills
- Level 3 - Intermediate Skills
- Level 4 - Advanced Skills & New Developments in the Field

**Please print clearly**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
e-mail: \_\_\_\_\_

Profession \_\_\_\_\_ no. years \_\_\_\_\_

Degrees: (Give yr. and school)

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

License: Type \_\_\_\_\_ Number \_\_\_\_\_  
Granting Institution \_\_\_\_\_

Certification: Type \_\_\_\_\_ Number \_\_\_\_\_  
Granting Institution \_\_\_\_\_

Hypnosis Training: Yes \_\_\_\_\_ No \_\_\_\_\_ # hours \_\_\_\_\_

Name of Instructor/Schools (attach documentation) \_\_\_\_\_

Past-Life Regression Training: Yes \_\_\_\_\_ No \_\_\_\_\_ # hours \_\_\_\_\_

Name of Instructor/School

(attach documentation) \_\_\_\_\_  
\_\_\_\_\_

Other Courses or Training pertinent to this training (attach documentation) \_\_\_\_\_

No. Yrs. doing PLR as a professional \_\_\_\_\_ Type of Practice: Private  
\_\_\_\_ Group \_\_\_\_ Institution \_\_\_\_\_

Name of Institution \_\_\_\_\_  
No. Clients seen each week \_\_\_\_\_

If you are a Student: University \_\_\_\_\_  
Focus of studies \_\_\_\_\_

Where did you learn of the IARRT Training Event? \_\_\_\_\_

**TUITION**

**IARRT Members:**

Hypnosis:	early registration \$450	after deadline \$550
Levels 2,3:	early registration \$450	after deadline \$550
Level 4:	early registration \$450	after deadline \$550

**Nonmembers:**

Hypnosis:	early registration \$500	after deadline \$600
Levels 2,3:	early registration \$500	after deadline \$600
Level 4:	early registration \$500	after deadline \$600

Return Application promptly to:

Carol Knoll  
c/o IARRT  
PO Box 20151  
Riverside, CA 92516  
Tel: 757-621-2750  
Fax: 951-784-8440

Following notification of placement, payment can be made online or to register and pay contact:

IARRT, PO Box 20151, Riverside, CA 92516, USA  
Telephone: 951-784-1570  
Fax: 951-784-8440  
e-mail: [pastlife@empirenet.com](mailto:pastlife@empirenet.com)  
website: [www.IARRT.org](http://www.IARRT.org)