



**Board of Directors**  
Howard Hamilton, CHt  
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Robert D. Reid, CI, CHt, EFT-CC

## **REGISTRATION FORM**

### ***OHA Meeting***

**Location:**

**Fairfield Inn**  
6100 South West Meadows Road  
Lake Oswego, Oregon 97035 USA

**Meeting Date:** \_\_\_\_\_

**Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Tel: \_\_\_\_\_

**Registrations for:**

\_\_\_\_\_ Members

\_\_\_\_\_ Non-Members

\_\_\_\_\_ Students

**Cost:**

Members \$ 45, Non-Members \$65, Students \$ 35  
preregistered.

Add \$10 at the door.

Enclose Check for \$ \_\_\_\_\_ (total)

**Print and fill out this form, then mail to:**

**Oregon Hypnotherapy Association**

16869 SW 65th Ave. PMB 357

Lake Oswego, OR 97035

Make checks payable to *Oregon Hypnotherapy Association*.