



Board of Directors
Howard Hamilton, CHt
Carole Ockert, BS, CHt
Patrick Glancy, CI, BCH
Joseph Bennette, MRET, CHt
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*.