



Boston  
Behavioral  
Medicine

## Application for Training Programs

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Specialty Area / Professional Degree: \_\_\_\_\_

Are you licensed in your professional discipline?:  Yes  No

If not, when do you expect to be licensed? \_\_\_\_\_

### Program(s) you would like to register for:

- Behavioral Medicine Certificate Training Program (11 months)  
Fee: \$1,795  
50% deposit due before 1<sup>st</sup> meeting in September: \$897.50  
Full balance due before 1<sup>st</sup> meeting in January \$ \_\_\_\_\_
- Introductory Hypnosis Intensive Course (Th 9-5, Fri 9-5, Sat 9-4)  
Regular fee: \$495  
Discounted rate for Certificate Program participants: \$395 \$ \_\_\_\_\_
- Intermediate Hypnosis Intensive Course (Th 9-5, Fri 9-5, Sat 9-4)  
Regular fee: \$495  
Discounted rate for Certificate Program participants: \$395 \$ \_\_\_\_\_
- General Biofeedback Intensive 4-day Course  
(Wed-Sat 9-5 plus 16 hrs on-line) Regular fee: \$895  
Discounted rate for Certificate Program participants: \$715 \$ \_\_\_\_\_
- Registration fee: \$50 (non-refundable) \$ 50.00

Total Due\*: \$ \_\_\_\_\_

Please make your check payable to Boston Behavioral Medicine and send this application form and your check to: Amaro Laria, PhD / Kim Larsson, PhD, Boston Behavioral Medicine, 1371 Beacon Street, Suite 304, Brookline, MA 02446

\*Our withdrawal refund policy is on our website at <http://www.bostonbmed.com/withdrawal.html>