



**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 (8 months)
 Fee: \$1,795
 50% deposit due by 9/12/14: \$897.50
 Full balance due on 1/9/2015 \$ _____
- Introductory Hypnosis Intensive Course (3 days: 9/18/14-9/20/14)
 Regular fee: \$495
 Discounted rate for Certificate Program participants: \$395 \$ _____
- Intermediate Hypnosis Intensive Course (3 days: 3/27/14-3/29/14)
 Regular fee: \$495
 Discounted rate for Certificate Program participants: \$395 \$ _____
- General Biofeedback Intensive 4-day Course
 (10/15/14-10/18/14 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>