



Conscious Living
Infinite Possibilities

Unlock Your Inner Super Powers – 6-Week Hypnosis Seminar Series

REGISTRATION FORM

Start Date of the 6-Week Hypnosis Seminar Series I am Registering for: _____

How I heard about this Hypnosis Seminar Series: _____

One important question/problem I would like my subconscious mind to solve, heal, or unblock during this seminar series:

First & Last Name (Legal Name for Receipts) _____

Name You Prefer (& Gender Pronouns) _____

Birthdate (Day/Month/Year) _____

Home Address (Include Complete Address) _____

Cell Phone # (where messages can be left) _____

Email Address _____

- Email me about other upcoming Seminars? YES _____ NO _____ Email me Wellness Newsletters? YES _____ NO _____

Hypnosis is well-researched, safe, and effective for most people - however it is not recommended for others. I agree to consult my physician, psychiatrist, or psychologist if it is questionable whether or not I am a good candidate for group hypnosis seminars prior to participating. **If I have ever experienced any of the following conditions**, I am aware that group hypnosis seminars offered by Conscious Living Wellness Services Inc. may not be appropriate for me and **I agree to contact Dr. Kyla at dr.kyla@csliving.ca and only submit payment after ensuring that I am a suitable candidate for participation in these group hypnosis seminars.**

- Hallucinations, delusions, catatonia, or other symptoms of a psychotic episode: YES _____ NO _____
- Diagnosis of Post-Traumatic Stress Disorder (PTSD): YES _____ NO _____
- Manic Episode: YES _____ NO _____
- Personality Disorder (e.g. Diagnosis of Borderline Personality): YES _____ NO _____
- Other Severe Psychological Conditions (Past or Present): _____

Fee: \$1,200 total for 6 weekly 2-hour group seminars. E-transfer 1st \$600 installment to dr.kyla@csliving.ca is due at time of registration to secure your spot. 2nd \$600 installment due after 3rd session. *To avoid insurance fraud, attendance is required to be provided a \$200 receipt following each seminar.* If you require a modified payment plan due to financial constraints, email Dr. Kyla to discuss. Space is limited.

No Refunds will be provided after payment is received except under extenuating circumstances. If you will be absent, notify Dr. Kyla in advance and attend a make-up session in the following seminar series at no cost.

I hereby accept psychological services in the format of group hypnosis seminars from Conscious Living Wellness Services Inc. and Kyla Yaskowich, Ph.D., R.Psych. under the terms and conditions indicated on this Registration Form. I agree to refrain from attending these seminars under the influence of alcohol or psychoactive drugs. I understand that group hypnosis seminars are not a replacement for individual psychotherapy nor for conventional medical treatment. I agree to pay a total of **\$1,200** - the 1st **\$600 installment via e-transfer to dr.kyla@csliving.ca at the time I submit this Registration Form to secure my spot in the upcoming 6-week seminar series** and the 2nd installment of \$600 after the 3rd session. I accept responsibility for any fees not reimbursed by health insurance.

Name (Print)

Signature (original or electronic)

Date

Conscious Living Wellness Services Inc.
Kyla Yaskowich, Ph.D. | Registered Psychologist #2066
e: dr.kyla@csliving.ca | t: 604.542.7130