

Custom Hypnosis CD form

Name _____

What name or nickname are you most comfortable hearing yourself called? _____

Have you ever been in hypnosis before? Yes () No ()

Did you find the experience helpful? Yes () No ()

Please answer the following questions and write as much as you would like. You can use additional paper if necessary.

Please provide a description of the problem you want to eliminate or goal you would like to achieve.

How does the problem affect you now?

What would your life be like if this were already resolved?

What are the positive benefits you will have as a result of achieving this goal?

Anything else you'd like to add?

Name (block letters): _____ (as it appears on your credit card)

Email: _____@_____
(please check spelling / print clearly)

Address (block letters): _____

City (block letters): _____ State: _____

Country (block letters): _____ Zip code: _____

Phone: (_____) _____

- I am enclosing a check or money order for \$60.00
- I wish to charge this purchase to my Credit Card

Credit Card (check one): VISA MasterCard American Express

Card Number: _____ Exp. Date: _____/____

Your signature: _____

Please send this form to: Biotherapy Clinic, 2215 Post Street, Suite 1, San Francisco, CA 94115

or fax to (415) 409-3909