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