



Neuro Engineering Institute

NLP TRAINERS TRAINING ENROLMENT FORM

\$3,195.00

Check with us for early bird enrollment and save \$400

Please complete this prerequisite of acceptance into our course. (All information is completely confidential)

Do you have previous NLP training? Yes No

If YES, please specify _____

Are you in good health? Yes No

Are you taking any medications or prescriptions? Yes No

If YES, please explain

Do you suffer from any of the following?

Asthma or Bronchitis Yes No Epilepsy Yes No

Clinical Depression Yes No Heart Condition Yes No

Have you ever been under a doctor's care for a psychological condition? Yes No

Do you suffer from any physical disability or psychological condition that could prevent your full participation in an active study program? Yes No

Declaration:

I understand that the training I receive is for educational purposes only and that it is not a substitute for proper medical and psychological treatment. If I am suffering from any physical or psychological ailment or condition, then I will seek appropriate medical or psychological treatment prior to attending Neuro Engineering Institute training courses. I understand that this training does not represent a qualification in hypnosis, hypnotherapy, or stage hypnosis, and I will not claim or imply that I've been certified or approved in any of these areas by Deborah Peters or Neuro Engineering Institute. I understand that no personal tape recording is permitted during the training. I understand that in the interest of safety, security and the comfort of the training group, Neuro Engineering Institute reserves the right to deny any individual to registration, the entire training course or any part of the training course without prior notification or explanation.

Refund Policy: Tuition is refundable up to fourteen (14) days before the start of the program, if written notification is received, less a non-refundable registration fee of \$450. (No refunds will be considered after this time)

Dates, times, and locations are subject to change without notice.

I have read the application and declaration, truthfully completed all relevant portions, and I understand and agree to all terms

Signature _____ Date: _____

Name: _____ Company _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax: _____ Email _____

Mail with check or money order payable to: Deborah Peters

Neuro Engineering Institute, 15332 Antioch St. Suite 333, Pacific Palisades, CA 90272

310-459-5111 • (866) 459-5111 • fax (310) 459-5112