



**INTERNATIONAL MEDICAL & DENTAL HYPNOTHERAPY ASSOCIATION®**

RR #2 Box 2468, Laceyville PA 18623

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Referral Directory Form for *Renewing* Certified Members

**Note:** When renewing you are requested to: **1) Review your information listed in the referral directory** **2) Complete the form below exactly as you want it to be printed** in the Referral Directory **3) Sign training affidavit** **4) Submit dues**

~ We only print Certified Hypnotist/Hypnotherapist (CH / CHt) on certificates. Please complete as it applies to you! ~

Name as it is to appear: \_\_\_\_\_

Company name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Bus Phone: (\_\_\_\_) \_\_\_\_\_ Res Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_ IMDHA Registration #: \_\_\_\_\_

Organization affiliations: \_\_\_\_\_ Medical Degrees: \_\_\_\_\_ College Degrees: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_ *(must include 6 characters each. Write down your codes!)*

I am also a member of IACT *(please check if applicable)*

**CEU Training Affidavit:** I am fully aware of the (30) thirty continuing education hours (CEUs) required annually to maintain my Certified status with IMDHA. My signature below verifies compliance that requirements have been fulfilled. A random audit is issued periodically. CEU reports are to be kept on file by you and made available at time of audit.

\_\_\_\_\_  
(Member Signature) (Date)

Background *(20 word maximum)*

Hypnosis Specialty *(20 word maximum)*

Specialty Certifications Awarded by *IMDHA* - Only *IMDHA* certificates are permitted in this area of the directory

Annual renewal **\$85** (US Funds) Featured Listing Upgrade: **\$25** (US Funds) Total amount Received: \_\_\_\_\_

MO/Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV# \_\_\_\_\_

*(We accept Visa/MasterCard/Amex/Discover ~ The CVV# is located on the back of your card-last three digits)*

Signature \_\_\_\_\_

*Complete, sign and return with appropriate funds*