



INTERNATIONAL MEDICAL & DENTAL HYPNOTHERAPY ASSOCIATION®

8852 SR 3001, Laceyville PA 18623

Url: www.imdha.com • Email: staff@imdha.com

Ph: 570.869.1021 • Fax: 570.869.1249

2020

Referral Directory Form for Renewing Certified Membership

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

• Renewing Options: • **Online:** www.imdha.com • **Mail:** Complete and return to: 8852 SR 3001, Laceyville, PA 18623

• **Fax:** 570.869.1249 (secure fax line available 24 hours a day) • **Phone:** 570.869.1021 One of our staff can assist via phone

We are not responsible for misspelling on certificates if not printed legibly

Name as it is to appear: _____

Last(Family)Name: _____ First(Given)Name: _____ Middle: _____

Company name: _____ Website: _____

Mailing Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Bus Phone:(____) _____ Home Phone:(____) _____ Fax:(____) _____ Birth Date: mm/dd/yr

Email: _____ IMDHA Registration #: _____

Organization affiliations: _____ Medical Degrees: _____ College Degrees: _____

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 **\$119** ► Consider a Featured Listing Upgrade! *only \$25* Total amount Received (US Funds): _____

MO/Check # _____ Credit Card # _____ Exp: _____ CVV# _____

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

Signature _____

Complete, sign and return with appropriate funds

CHt Renewal 2020