



**John R. Garrett, BA, CHT, EFT-ADV
Optimum Mind Management
Technologies
P.O. Box 1241
Parker, CO 80134**

Registration

Name: _____

Address: _____

Tel: _____ Cel: _____

E-Mail: _____

References:

Name: _____

Address: _____

Tel: _____

Name: _____

Address: _____

Tel: _____

I hereby enroll for the following classes:

_____ OMMTech Certification Course (all courses)	\$1795.00
_____ Hypnologist Certification Course	\$795.00
_____ SPRT Basic Certification Course	\$595.00
_____ Psychological Kinesiology	\$595.00
_____ Neuro-Linguistics	\$595.00
_____ Business Planning	\$395.00

TOTAL: _____

Credit Card Number: _____

Name on Card: _____

Credit Card Expiration: _____ Card Verification _____

Registration Cancellation Policy: \$50.00 fee if cancellation is more than seven days prior to class beginning. Within a week of class beginning, \$100 cancellation fee. Once class starts, cancellation fee of 60% will be assessed.

I certify that I am over the age of 18, and have not been convicted of any felony, or any misdemeanor crime against a person.

Signature: _____ Date: _____

“Optimum Mind Management Technologies hereby certifies that the student identified above, after successfully completing the course, as an SPRT Practitioner or Hypnologist, or both., having met OMMTech’s criteria for such Certification, entitles said student to use the terms “OMMTech-1”, OMMTechE1 or OMMTechH1, after his or her name.”

Optimum Mind Management Technologies 303-884-3566
www.OMMTech.com John@OMMTech.com

Please briefly list your past education, including college degrees, certifications, and training in the healing arts. _____

Have you been Hypnotized before? _____ Yes _____ No

How effective was it? _____

Have you experienced EFT? _____ Yes _____ No.

How effective was it? _____

What are your goals in taking these classes? _____

Will you be taking classes online, or in person, or both? _____

How did you hear about OMMTECH-U? _____
