54th Annual Scientific Meeting and Workshop Registration Form

Name _____ Degree _____
Address _____
City _____ State/Prov. _____ Zip/Postal Code _____
Phone Number (_____) _____
Fax Number (_____) _____
Email address _____
Specialty _____
License Number _____ State that issued the License _____

Check here if this is your first time at an ASCH Annual Meeting ☐

Category of Attendance: *(Select One)*

I am a member of: ☐ ASCH ☐ Component Section: _____ ☐ SCEH *(Members of SCEH and ASCH Component Sections qualify for the member registration rate)*

☐ Non-Member

☐ Student *Along with a completed registration form and payment of registration fees, students need to submit proof of full-time enrollment at an ACE-approved institution of higher education on school letterhead that clearly identifies the individual's program of study, area of concentration (if applicable), level of degree pursued (masters or doctorate degree required) and date of intended graduation.*

☐ Resident / ☐ Intern *Along with a completed registration form and payment of registration fees, residents/interns need to submit correspondence from their supervisor on official letterhead explaining the nature of the residency/internship and date of intended completion of the program.*

Students: Please write the name of your college or university below and indicate your graduate department and whether masters or doctoral level degree is being pursued.

Name of University: _____

Graduate Department: _____

Level of Degree Being Sought: _____

Member of *(Select all that apply)* ☐ ABMH ☐ ABPH ☐ ABPP ☐ ABHD ☐ AHBCSW

I will bring a guest to the social functions: ☐ yes ☐ no

Name for guest's badge: _____

Please check here if you require ☐ kosher ☐ vegetarian ☐ special dietary: _____

☐ I would like to receive all correspondence for this meeting electronically. *(Note: If you select this, you must supply a working email address in the personal information block above.)*

In accordance with the Americans with Disabilities Act (ADA), please check this box ☐ if you require assistance because of a disability to make this program accessible to you. Someone from the ASCH Central Office will contact you.

Registration Information

You will be automatically registered for the Plenary Session(s) on the day(s) you will be attending workshops. You will need to choose either Basic, Intermediate or Advanced level of registration. You may register for the Friday Evening Video Program. Basic and Intermediate Workshops will run Saturday through Tuesday and require a full 4-day registration. Advanced registrants can sign up for 1, 2 or 4 days of programs and will need to choose from the Advanced Workshops and Scientific Symposia listed on pages 10-29 of the brochure. Attendees of the Basic and Intermediate Workshops should choose one scientific symposia to attend on Monday morning.

☐ I will attend the Friday Video Program

Workshops:

☐ Basic (Saturday-Tuesday) ☐ Intermediate (Saturday-Tuesday)

Advanced Workshop Registration Options:

☐ 1-day Advanced Workshop ☐ 2-day Advanced Workhops

☐ 4-day Advanced Workshops

Member ID (for office use only) _____

Saturday, March 17, 2012

Everyone is invited to attend the Saturday morning plenaries:

8:00 am - 9:30 am - **PI: Tranceformation: Hypnosis in Brain and Body;** *David Spiegel, MD*

Advanced Workshop Registrants only complete the following:

Choose the full day workshop and write the code here: ☐

TCW Teaching and Consultation Workshop *(If you attend this portion of the WAC workshop then you must attend the conclusion of the workshop on Sunday afternoon)*

OR **Choose one AM Workshop and write the code here:** ☐

SA1 Hypnosis & Magic
SA2 How and Why Does "Past Life Therapy" Work ?
SA3 Integrating Hypnosis into the Treatment of Chronic Daily Headache and Temporomandibular Disorder (TMJ): Unlocking the Secrets of Internal Self-Healing
SA4 When Mind Meets Brain: Neuroscience Lessons for Enhancing Clinical Practice
SA5 Advanced Techniques in Medical & Psychological Hypnosis
SA6 Advances in Dental Hypnosis for Dentists and Psychology Professionals

AND **Choose one PM Workshop and write the code here:** ☐

SP1 Diplomate Boards Panel
SP2 Treating the Person with Dis-Ease
SP3 An Integrated Approach to Treating Panic Disorder
SP4 Hypnotic Verbalizations to Facilitate Change in Men and Women: Getting unstuck to move towards health
SP5 A Modern Neurobiology of Hypnosis: The Autonomic Era
SP6 Master Class: Rapid Inductions

Sunday, March 18, 2012

Everyone is invited to attend the Sunday morning plenary:

8:00 am - 9:00 am - **PII: From Nociception to Zen Meditation: The Experiential Neurophenomenology of Pain Regulation;** *Pierre Rainville, PhD*

Advanced Workshop Registrants only complete the following:

Choose one am workshop and write the code here: ☐

DA1 Hypnosis for Skin Procedures and Disorders
DA2 Mindfulness-Based Hypnotherapy to Enhance Outcome
DA3 The Traumatized Body: Using the symptoms to develop the solutions
DA4 Minding the Gap: How post hypnotic suggestion maintains the world of osteoarthritis - Taking steps to dehypnotize the body for recovery and restoration of joint function
DA5 The Meta-Structure of Clinical Hypnosis: from Ancient Philosophy and Meditative States, to Quantum consciousness - Meanings, techniques, and the explanatory gap
DA6 Developing Workshops to Meet Accrediting Bodies Requirements

AND **Choose one full PM workshop and write the code here:** ☐

TCW Teaching and Consultation Workshop *(If you attended the Saturday portion of the WAC workshop then you must attend the conclusion of the workshop on Sunday afternoon)*
DP1 Beyond the Basics: Creative Approaches in the Treatment of Anxiety Disorders

OR **Choose one short PM workshop and write the code here:** ☐

DP2 Hypnotic Deepening: Navigating Rhythms of the Body-Mind
DP3 Master Class: Ideomotor Signals
DP4 The Integration of Hypnosis into the Total Care and Treatment of Cancer Patients
DP5 Reversing Rogue Trances: The Dehypnosis of the Bewitched, Bothered, Bewildered, and Befuddled

AND **Choose one short PM workshop and write the code here:** ☐

DP6 Precision Cognitive Therapy: Integrating neuroscience, hypnosis and deep structure cognitive/behavioral therapy
DP7 Hypnosis and Self-hypnosis Training for Enhancing Peak Performance in Sports and Life
DP8 Trance & Trauma: Hypnotic Interventions in the Treatment of Post Traumatic Stress Disorder
DP9 Tailoring Hypnotic Interventions to Your Client's Hypnotic Talents

Member ID (for office use only) _____

Monday, March 19, 2012

Everyone should choose one hour-long symposium and write the code here: ☐

YM1 The Healthy House - A Novel Pediatric Obesity Prevention and Treatment Program
YM2 Recent Findings for Understanding and Enhancing the Effects of Hypnotic Analgesia and Increasing Hypnosis Funding and Clinical Outcome Research
YM3 Report From CAPS @ RIT: Transforming Health and Care
YM4 Integrating Perspective from The Cognitive Neurosciences To Enhance The Clinical Practice Of Hypnosis
YM5 Using Hypnosis or Biofeedback to Treat Chronic Low Back Pain
YM6 The Advantages and Limitations of Standardized Clinical Hypnosis Treatment: When, why and how to develop and use scripted treatment protocols.

Advanced Workshop Registrants only complete the following:

AND **Choose one of the following workshops and write the code here:** ☐

M1 A Breath of Fresh Air: Inspiration, Acupressure and Hypnosis
M2 Hypnosis for Weight Loss & Lasting Success: The Patient's Experience of Avoiding the "Adipose Complex"
M3 A Gathering of Healers: An Introduction to Energy Medicine
M4 Future Focused Therapy
M5 Master Class: Pain Management
M6 Envisioning Wellness: Creating Targeted Hypnotic Suggestions for Healing

Everyone is invited to attend the Monday afternoon plenary:
4:45 pm - 6:15 pm - **PIII: An Integrated Approach to Irritable Bowel Syndrome;** *Douglas Drossman, MD*

Tuesday, March 20, 2012

Everyone is invited to attend the Tuesday morning plenary:
8:30 am - 9:30 am - **PIV: Treating Tobacco Use and Dependence: Clinical Guideline and Updates;** *Stevens Smith, PhD*

Advanced Workshop Registrants only complete the following:

Choose one of the following workshops and write the number here: ☐

T1 Professional Ethics
T2 Designing Hypnotherapy Studies on the Brain-Body Interface: IBS as Model Illness.
T3 Master Class: Alert Hypnosis
T4 Metaphorical Approaches for Changing Habits
T5 The Language of Comfort: Hypnotic Strategies in Palliative Care

Join ASCH now and receive the discounted member registration rate.

For more information visit www.asch.net or call +1-630-980-4740 to receive the discounts on registration for ASCH educational events.

Registration Fees: Please check the appropriate registration category.

** Basic▲, Intermediate and 4-Day Advanced require full registration.*

^NOTE: All Basic, Intermediate, Scientific and Advanced Workshop presenters should select the FACULTY fee when registering.

Early-Bird Fees

When postmarked/faxed by Friday, February 17, 2012.

	Member	Non-Member	Resident/Intern	Student
Full Registration*	☐ $615	☐ $765	☐ $480	☐ $320
2-day Advanced	☐ $345	☐ $420	☐ $305	☐ $320
1-day Advanced	☐ $225	☐ $300	☐ $190	☐ $320
Faculty Fee ^	☐ $330	☐ $330	N/A	N/A
1-day Faculty Fee	☐ $225	☐ $225	N/A	N/A

Regular Fees

When postmarked/faxed on or after Friday, February 17, 2012 but before Friday, March 2, 2012.

	Member	Non-Member	Resident/Intern	Student
Full Registration*	☐ $665	☐ $815	☐ $530	☐ $345
2-day Advanced	☐ $395	☐ $470	☐ $355	☐ $345
1-day Advanced	☐ $275	☐ $350	☐ $240	☐ $345
Faculty Fee ^	☐ $330	☐ $330	N/A	N/A
1-day Faculty Fee	☐ $225	☐ $225	N/A	N/A

On Site Fees

As of Friday, March 2, 2012, all registrations must be submitted on site at the meeting.

	Member	Non-Member	Resident/Intern	Student
Full Registration*	☐ $715	☐ $865	☐ $580	☐ $345
2-day Advanced	☐ $445	☐ $520	☐ $405	☐ $345
1-day Advanced	☐ $325	☐ $400	☐ $290	☐ $345
Faculty Fee ^	☐ $330	☐ $330	N/A	N/A
1-day Faculty Fee	☐ $225	☐ $225	N/A	N/A

▲*Basic attendees receive two books:* Standards of Training *and* Clinical Hypnosis and Memory: Guidelines for Clinicians and for Forensic Hypnosis

☐ I would like to request the Virginia Hypnosis Fund (VHS) Grant. The required written request and proof of my status as a student enrolled full-time in a Virginia-based institution of higher education accompanies my registration form.

☐ I do not wish to receive a continuing education certificate/letter of attendance (LOA). Please remove the $25 fee already included in the registration fee.

Registration Fee: ☐

SA1: Magic and Hypnosis Supply Fee: $10 each x ☐ = ☐

Continuing Education/Letter of Attendance Fee Removal (minus $25) ☐
You will not receive a CE certificate/Letter of Attendance if you select this.

Total amount due: ☐

Payment:

☐ Check # _____ (Payable to American Society of Clinical Hypnosis in US funds only)

☐ MasterCard ☐ Visa

Account number _____

Exp. Date: _____ CVS Security Code:_____

Signature:_____ Date: _____

Cancellation Policy: Cancellations postmarked/faxed after February 17, 2012 but on or before March 2, 2012 will receive a refund of the amount paid less a $50 administrative charge. **No refunds after March 2, 2012.** Exceptions will only be granted due to death of participant or immediate family member, severe illness/injury of participant or immediate family member, or the inability of participant to travel due to legal or governmental restrictions/obligations, and will require written notification and appropriate documentation. **Registration fees are not transferable to another workshop.**

Return form and payment to: ASCH
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Bloomingdale, IL 60108-1017
FAX: +1-630-351-8490
Questions? Contact ASCH at info@asch.net or +1-630-980-4740