

APPLICATION, PERSONAL DATA RECORD

To: Petra Gustin
Certified Master Hypnotist

Name: _____ Sex: M F

Street: _____ City: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Date of Birth: _____ Email: _____

Occupation: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Occupation: _____

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

Name	Relationship to you	Phone
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How did you hear about my services? _____

Have you ever been hypnotized before? Yes No

If yes, by whom? _____

Please list what you wish to accomplish through the use of my services.
