



ACADEMY FOR GUIDED IMAGERY
PROFESSIONAL CERTIFICATION TRAINING
STUDENT REGISTRATION FORM

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Day Phone: _____ Night Phone: _____

Primary Email: _____ Secondary Email: _____

Occupation: _____

Educational Degrees: _____

Professional Licenses & States: If you are licensed by your state to diagnose and treat, please list your license(s) and the state(s) that grant them: _____

Professional Specialty: What particular therapeutic approaches do you utilize and/or what special problems do you treat: _____

Professional Affiliations: List any hospital, academic, institutional, governmental organizations with which you are affiliated: _____

Your Intentions: How and in what capacity do you intend to use your training in IGISM: _____

Would you like to join the Academy's email list? Access is available to AGI students and graduates to keep posted about Academy activities, to share referrals, cases, experiences, opinions, questions, and other information of interest to our community. Check it out.

() Use Primary Email above () Use Secondary Email () No thanks.

Please complete and return to:

30765 Pacific Coast Hwy • Suite 369 • Malibu • CA 90265
800-726-2070 • FAX 800-727-2070 • Email: train@acadgi.com