

## Registration Form

### ACUPRESSURE AND HYPNOSIS: MEDICAL AND PSYCHOTHERAPEUTIC APPLICATIONS.

Bala Cynwyd, PA 19004    May 30 and 31, 2009

Name/Degree \_\_\_\_\_

Mailing Address (check)   | Home | Business

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Graduate of \_\_\_\_\_ Year \_\_\_\_\_

Employer \_\_\_\_\_

Specialty / Profession \_\_\_\_\_

Please sign Acknowledgement and Release (on next page).

**Mail to:        Drs. Reinhild and Max Muenke  
                     329 Bryn Mawr Avenue  
                     Bala Cynwyd, PA 19004**

## ACKNOWLEDGEMENT AND RELEASE

**Name of Workshop:** ACUPRESSURE AND HYPNOSIS

**Date:** Saturday and Sunday, May 30 and 31, 2009

**Location:** Bala Cynwyd, Pennsylvania

The undersigned acknowledges that he/she has volunteered to participate in an academic activity/workshop in which he/she may be induced into a hypnotic trance with other participants and faculty.

The undersigned does not have any medical problems or other special conditions that may prevent him/her from fully and beneficially participating in all academic workshop activities, except as have been disclosed to faculty members.

The workshop provides an opportunity to participate in academic discussions. The undersigned agrees that individual participant practitioners shall respectively retain sole and exclusive responsibility for the treatment of their patients and clients.

The undersigned acknowledges that he/she is free to disclose or not disclose personal information about himself/herself. The undersigned agrees to not disclose personally identifiable information concerning his/her patients/clients, or other recipients of his/her services, and he/she agrees to take reasonable steps to disguise the persons discussed during the course of academic activities / workshop.

The undersigned agrees to hold harmless Medical Acupuncture and Complementary Medicine, L.L.C., Drs. Max Muenke and Reinhild Draeger-Muenke, the faculty and other participants in this academic activity / workshop, and to indemnify them from and against any and all possible claims, damages, and costs arising from the undersigned's participation in this academic activity / workshop.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_