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Period: April 1, 2017 to March 31, 2018

Member's Name: _____

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(\$40.00) (\$60.00) (\$25.00)

Suggested Topics you would like to see presented:

Would you like to present? Yes: _____ On what topic?

Suggested Locations for Workshops/Meetings:

Nominations For:

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Return to and make checks payable to **Chicago Society for Clinical Hypnosis**

Thomas J. Rostafinski, Ph.D.
Licensed Clinical Psychologist
1140 Lake Street, Suite 508
Oak Park, IL 60301-1053