



# NH EXTENSION OF CMSNE INVITE YOU TO JOIN THEM FOR EDUCATIONAL DINNER PROGRAM

Wednesday, January 23, 2019 – 5:00 PM  
NHADA, 507 South Street, Bow NH

**Join us for a New Year's Weight Loss Resolution Opportunity**

## **Lifestyles Weight Loss Hypnosis Program For You And Your Clients**

**Presented by:**

*Steven M. Coppola, MS, PT, DPT  
CEO/Owner, Coppola Physical Therapy*

Upon completion of this presentation, attendees will be able to:

- o understand what hypnosis is and how it is beneficial in weight loss
- o learn the difference between the conscious mind and the subconscious mind.
- o learn the 4 R's of hypnosis and how it relates to weight loss

**Prior registration and pre-payment is required by members and non-members to assure appropriate seating, food, course materials and 2 RN and CCM credits will be provided. Registration is \$30 CMSNE member, \$40 non-members. Registration required by 1/9/19, registration after that date are subject to a \$5 late fee. Register online at this link: <http://www.cmsne.org/nh-events/> Or complete registration and mail to chapter office. Directions to site will be forward with registration confirmation. Space is limited register early.**

*"The content and views presented in this program are those of the independent speaker, while CMSNE endorses the pursuit of educational opportunities attendees should exercise their own professional and independent judgment when interpreting the content of the program".*

### **MEETING AGENDA**

**5:00 – 7:30 pm**

**5:00 – 5:30 pm**  
Registration/Dinner

**5:30 - 7:30 pm**  
Educational Session

**7:30 pm**  
Wrap-up

**Special thanks to:**



Please sign me up for the Wednesday, January 23, 2019 program on *Lifestyles Weight Loss Hypnosis Program*. Mail registration and fee, payable to: CMSNE, 74 Buckboard Rd., Duxbury, MA 02332

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

\$30 CMSNE       \$40 non-member      Late fee of \$5 after 1/9/19

Credit Card Payment Information: V, MC, AMX Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_ Total Amt to be Charged: \_\_\_\_\_

Billing address as it appears on the credit card statement (if different from above):  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



For more information on CMSNE, CMSA and other chapter activities contact the chapter office at:  
74 Buckboard Rd., Duxbury, MA 02332  
Telephone: 603-329-7481  
E-mail: CMSNE@CMSNE.org Website: www.CMSNE.org