HOOD RIVER HYPNOSIS

Hypnosis Practice Record

Hypnosis Session Name Mark the date you listened to this recording, minimum of 4 times, maximum of 20.

1)

1	**2**	**3**	**4**	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Hypnosis Session Name Mark the date you listened to this recording, minimum of 4 times, maximum of 20.

2)

1	**2**	**3**	**4**	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Hypnosis Session Name Mark the date you listened to this recording, minimum of 4 times, maximum of 20.

3)

1	**2**	**3**	**4**	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Hypnosis Session Name Mark the date you listened to this recording, minimum of 4 times, maximum of 20.

4)

1	**2**	**3**	**4**	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Hypnosis Session Name Mark the date you listened to this recording, minimum of 4 times, maximum of 20.

5)

1	**2**	**3**	**4**	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20