

Colon Hydrotherapy Device Training

Location of Training _____

Registrants NAME _____

Home Phone _____

ADDRESS _____ APT / SUITE # _____

CITY _____

State _____ Zip _____ Country _____

OCCUPATION: _____ Birth Date: _____

Business PH: _____ Fax _____

E-mail: _____

LIST PREVIOUS Health Care Degrees, Workshops Attended:

HAD COLONICS? _____ How many _____

NAME of COLONIC EQUIPMENT? _____

WHAT DO YOU EXPECT TO DO WITH THE EXPERIENCE YOU GET FROM THIS WORKSHOP?

PRINT YOUR NAME AS SHOULD APPEAR ON "CERTIFICATE of COMPLETION"

HOW DID YOU FIND OUT ABOUT Alder Brooke or WHO REFERRED YOU?
IMPORTANT - Please respond

•• Dates of workshop you are attending: _____.

Who do we notify in the event of an Emergency?

NAME: _____

Address _____

Phone _____ Phone _____

Relationship _____

Ten day training fee \$3500.00

Three day LIBBE devise training fee \$1350.00

Deposit Paid now _____

Balance Due _____

Master CARD___ or VISA ___ Amount \$ _____

Expiration ____ / ____ 3 Digit code (____)

Name on Card: _____

X _____

Print Name _____

Phone # _____

MAKE CHECKS PAYABLE TO: Alder Brooke Healing Arts

Call 541-513-7894 for mailing address to send registration and payment

* \$150.00 of Training Deposit is Non-Refundable,

Balance only REFUNDED with a minimum Seven (7) Day Written Notice of Non-Attendance.

(With a 7 day notice the \$350.00 may be applied to future training should you need to change dates.)

** Balance due two weeks before first day of training.

Pre - Study Materials will be sent to you after registration is processed.