

Family Herbal Clinic

REGISTRATION FORM

To register complete the enrollment form below and return it with your payment. You may fax or mail your enrollment form with a credit card payment or check payable to Family Herbal Clinic at 780-419-2699. Registrations will not be processed without payment. Class sizes are limited so register early.

CONTACT INFORMATION		
Full Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		
Mailing Address:		
City:	Province:	Postal Code:
Home Phone No: ()	Business Phone No: ()	Fax Number: ()
Email Address: (Course confirmation will be e-mailed unless otherwise requested)		
<input type="checkbox"/> Yes, I would like to subscribe to Family Herbal Clinic's e-newsletter.		
<input type="checkbox"/> Yes, I am interested in receiving information about Family Herbal Clinic's products and services by mail		
How did you hear about Family Herbal Clinic?		
COURSE INFORMATION		
Course Name:		
Course Date:	Course Cost:	
BILLING INFORMATION		
CHECK PAYMENT		
<input type="checkbox"/> Enclosed is my check payable to Family Herbal Clinic		
CREDIT CARD PAYMENT		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Name on Credit Card:		
Credit Card Number:	Expiration Date:	
Signature	Date	

PRIVACY POLICY

Family Herbal Clinic is committed to privacy. We use the contact information from the registration form to bill the appropriate party. We will not sell or otherwise distribute your contact information, billing information or e-mail address. The only exception to this is if we sell our business.

CANCELLATION AND REFUND POLICY

Courses canceled due to insufficient enrollment will be fully refunded. An administration fee of \$10.00 will be charged for all withdrawals up to eight days prior to the start date of the course. Withdrawals 2 – 7 days prior to the course will receive a 50% refund. No refund will be given for withdrawals made one day prior to the course or on the day of the course itself.

MAIL OR FAX TO:

Family Herbal Clinic

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Fax: 780-419-2660

Tel: 780-419-2699

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