

Total Health School Of Nutrition



NAME: _____

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

PHONE: (Home) _____ (Work) _____

E-MAIL: _____

FAX # _____

DATE OF BIRTH: _____

CHOICE OF PAYMENT *Program cost includes textbooks, to be paid upon commencement

_____ **Option 1:**
Full Payment (\$2750 – 10% = \$2475)

_____ **Option 2:**
4 payments (1 payment + 3 post-dated cheques for maximum of 4 month intervals =
\$678 X 4 = \$2750)

All fees must be paid by money order or cheque payable to: Darlene Blaney

Disclaimer: “I understand the Total Health School of Nutrition, is not responsible for the information outlined by each author. This program was put together to serve as an informational guide and reference source for both professionals and non-professionals. The remedies, approaches, and techniques described in the material are meant to supplement, and not to be a substitute for, professional medical care or treatment.”

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I have read and understood the Total Health School of Nutrition “Student Handbook” and will abide accordingly.

Date: _____

Student Signature: _____

Approved By: _____