

Registration Form
I-ACT Foundation Level Training
and/or Certified LIBBE Device Training

Location of Training _____

Registrants NAME _____

Home Phone _____

ADDRESS _____ APT / SUITE # _____

CITY _____

State _____ Zip _____ Country _____

OCCUPATION _____ Birth Date _____

Business Phone _____ 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 TRAINING?

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 training you are attending: _____.

Who do we notify in the event of an Emergency?

NAME _____

Address _____

Phone _____ Mobile _____

Relationship _____

(Select desired training option)

➤ Certified LIBBE Device Training **only** (30-50 hours depending on student needs)

\$3200.00

➤ I-ACT Foundation Level Training **plus** Certified LIBBE Device Training (100 hours)

\$3888.00 (effective thru Dec 31, 2016)

\$4777.00 (effective Jan 1 - May 31, 2017)

\$5555.00 (effective starting Jun 1, 2017)

Training Deposit (minimum \$700)* _____ **Balance Due**** _____

MasterCard ___ or VISA ___ Amount \$ _____

Card # _____

Expiration _____ / _____ 3 Digit code (_____)

Name on Card _____

Signature _____

Print Name _____

Phone # _____

*** \$700 of Training Deposit is Non-Refundable.**

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

MAKE CHECKS PAYABLE TO: Alder Brooke Healing Arts
Call **541-513-7894** for mailing address to send registration and payment.

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