

APPLICATION

YOUR DETAILS

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Age	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
Phone (day)	<input type="text"/>	Phone (evening)	<input type="text"/>
Email	<input type="text"/>		

PERSONAL GOALS

What do you hope to learn from this program?

Is there anything that you want to heal or change?

What has been your experience and/or training in herbal medicine? (not necessary to join this program – just curious)

PAYMENT OPTIONS

SELECT ONE:

- Quarterly Payments of \$250 +HST, due the first class of each quarter (September, December, March, June)
- Full Year Payment of \$850 +HST (savings of \$150), due by the first class in September

PAYMENT METHOD:

- Online at bloominstitute. cash
- e-transfer to info@bloominstitute.
- credit card
- cheque payable to Bloom Institute

Return completed form to info@bloominstitute.ca OR Bloom Institute 989 Young Ave. Halifax, NS B3H 2V9