

APPLICATION

Which location do you plan to attend? HALIFAX MONCTON

YOUR DETAILS

Name

Date of Birth Age

Street Address

City Postal Code

Phone (day) Phone (evening)

Email

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:

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

I acknowledge that I am enrolling in a year-long program and a \$250 withdrawal fee will be charged if I leave the program part way through. Refunds are not given on quarterly payments. Full year payments will be refunded at the quarterly rate.