

Application for Practical Trainings

Complete this form (please print) and fax, scan and email or mail it along with your payment:

MEMBER INFORMATION:

Company Name: _____

Contact _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

PRACTICAL TRAINING WORKSHOPS

Please indicate your package choice by placing a check mark in the appropriate box and writing the name(s) of the training in the space provided.

Single Training Member: \$297 Non-Member: \$327 Student: \$197 _____

Two Trainings Member: \$493 Non-Member: \$523 Student: \$367 _____

Split Payment Amount: x 2 Member: \$254 Non-Member: \$269 Student: \$187 _____

Three Trainings: Member: \$741 Non-Member: \$771 Student: \$527 _____

Split Payment Amount: x 3 Member: \$250 Non-Member: \$265 Student: \$177 _____

Four Trainings: Member: \$888 Non-Member: \$918 Student: \$696 _____

Split Payment Amount: x 4 Member: \$237 Non-Member: \$247 Student: \$169 _____

Food Industry Course: Member: \$235 Non-Member: \$265 Student: \$155 _____

Split payments can be made by credit card, post-dated cheques.

HST/GST _____

TOTAL _____

Course Selections: _____

Online: Registration

METHOD OF PAYMENT:

Cheque ** ** Please make cheques payable to **Canadian Association of Holistic Nutrition Professionals**

Visa MasterCard Cash Card #: _____ Expiry Date: _____

Name on Card:(please print) _____

Signature: _____