



theachm@gmail.com
www.theachm.org

Health and Wellness Education Registration Form

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Phone: _____

Email _____

Program(s) Selected: Circle All That Apply

- ❖ Principles of Nutrition
- ❖ Women's Wellness
- ❖ Complementary Alternative Medicine
- ❖ Health and Wellness Coach: All Three Modules

Payment:

You can pay via PayPal on our website or you can pay by check. If you choose to pay by check, please send it with your application, and make it payable to the *American Council of Holistic Medicine*. If you wish to take one program at a time (4 courses), cost per module is \$269. The cost for the Coach of Health and Wellness program (12 courses) is \$759. All coursework assignments will be emailed. **All fees are nonrefundable.**

Please sign below and either physically mail or email application.

I understand and agree to all the above conditions as stated above.

Signature: _____

Date: _____