



American Council of Holistic Medicine
2840 W Bay Dr. #214
Belleair Bluffs, FL 33770
727-998-3500
theachm@gmail.com

Application for Educational Program(s)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email Address: _____

Program(s) Selected: Circle All That Apply:

♣ Principles of Nutrition

♣ Women's Wellness

♣ Complementary Alternative Medicine

♣ Certification Program: 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 registration form (address above) made payable to the *American Council of Holistic Medicine*. If you wish to take one module, the cost is \$269.00. Payment can be made by visiting our website or by mailing a check to the above address. Entire program with all three modules is \$729.00. Tuition does not include books, which are available online. Coursework assignments will be emailed. I agree to all the above conditions.

Signature: _____ Date: _____