

FULL PROGRAM APPLICATION FORM

For General Public and for Professionals

Integrated Aromatics Sciences Practitioner™ Program

THE INSTITUTE OF ENERGY WELLNESS STUDIES

BRINGING INFINITE POSSIBILITIES INTO PRACTICE the art and science of energy medicine

Name:		Date:		
Address:			Home Tel:	
City:	State/Prov:		Work Tel:	
Zip/PC:	Country:		Fax:	
Date of Birth:	Marital Status:		Email:	_
Place of Birth:	Citizenship:		Personal Website:	
Undergraduate Institution (if applicable):		Graduate Institution (if applicable):		
Degree Awarded/Field:		Degree Awarded/Field:		
Date Graduated:		Date Post Graduated:		
Professional Major Interests:				_
Professional Minor Interests:				
Who referred you? (name and phone#):				
Questions or concerns about the program contact: admin@energywellnessstudies.com				
Attached is my typed essay explaining why I wish to enter the natural medicine profession				
Attached is a brief summary resume		Attached is a head shot photograph of myself		
Payment accepted online (coming soon) or by phone at 1-905-451-4475		All fees are in US dollars. Two payment options:		
Or email for other payment options: admin@energywellnessstudies.com		Payment per Module = \$357.00 USD Course Fee \$		
☐ Visa ☐ MasterCard or ☐ Pay Pal		OR Pay in full for Modules I -4 = \$1,378 USD Course Fee \$		
Credit Card No.:				
Expiry Date: (MM/YY)		One-time No	n-Refundable Application/Administration Fee \$ 49.00 USI	D
Name on Credit Card: (print)		Subtotal \$		
Card Holder's Signature:		Total Due \$		