



**Alder Brooke Healing Arts  
Continuing Education/Apprenticeship Training Program  
Registration Form**

Location of Training \_\_\_\_\_

Registrants Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt / Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Occupation \_\_\_\_\_ Birth Date \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

LIST PREVIOUS Health Care Degrees, Workshops Attended:

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HAD COLONICS? \_\_\_\_\_ How many \_\_\_\_\_

NAME of COLONIC EQUIPMENT? \_\_\_\_\_

WHAT DO YOU EXPECT TO DO WITH THE EXPERIENCE YOU GET FROM THIS TRAINING?

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PRINT YOUR NAME AS SHOULD APPEAR ON "CERTIFICATE of COMPLETION"

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HOW DID YOU FIND OUT ABOUT Alder Brooke or WHO REFERRED YOU? IMPORTANT - Please respond

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Dates of training you are attending: \_\_\_\_\_

**Who do we notify in the event of an Emergency?**

NAME \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship \_\_\_\_\_

## **Continuing Education/Apprenticeship Training Program**

**\$150/hour in person**

**\$194/hour via Zoom or over the phone**

Includes correspondence coursework

**You may pay online:** <http://www.alderbrooke.com/payonline.php>

### **OR pay by mail:**

MasterCard \_\_\_ or VISA \_\_\_ Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration \_\_\_\_ / \_\_\_\_ 3 Digit code (\_\_\_\_)

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:** Alder Brooke Healing Arts

Email **Aloha@TaraAlder.com** for a mailing address to send registration and payment.

Pre-Study Materials will be sent to you after your registration is processed.