



Alder Brooke Healing Arts I-ACT Advance Level 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:

HAD COLONICS? _____ How many _____

NAME of COLONIC EQUIPMENT? _____

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

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

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

Dates of training you are attending: _____

Who do we notify in the event of an Emergency?

NAME _____

Address _____

Phone _____ Mobile _____

Relationship _____

**I-ACT Advanced Level Training PLUS Certified LIBBE Device Training
(Open System)**

\$5,555 total

50 hours of hands on training

Includes correspondence coursework

Training Deposit (minimum \$2,222)* _____ Balance Due _____**

*** \$2,222 of Training Deposit is Non-Refundable.**

**** Remaining balance is due three weeks before the first day of training.**

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.