

MASTER HERBALIST CERTIFICATION SEMINAR

Return by March 31, 2011

Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

E-Mail address (please print clearly) _____

Please enter email address for important updates.

Male Female

I have finished all of my course work and plan to attend the Master Herbalist Seminar June 2011. Enclosed is a non-refundable deposit of \$200.00 for my reservation.

I am on Level _____ of my course work. My course work will be completed by May 10, 2011. Enclosed is a non-refundable deposit of \$200.00 for my reservation.

Deposit check for \$200.00 enclosed.

Please use my credit card for my deposit.

M/C, Amex, Visa, Discover _____ Exp. _____

Signature _____

Return to:
The School of Natural Healing
PO Box 412
Springville, UT 84663
1-800-372-8255
1-801-489-8341 (Fax)