

# MASTER HERBALIST CERTIFICATION SEMINAR

Return by March 31, 2012

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 18-23, 2012. 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 and turned in by June 5, 2012. 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)*