

MASTER HERBALIST CERTIFICATION SEMINAR

Return by March 31

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 15-20, 2015.

☐ I am on Level _____ of my course work. My course work will be completed and turned in by May 16, 2014.

☐ 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(Phone)