

*The Wisdom of Plants Herbal Apprenticeship Program*

**Registration Form**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Ph#: Day** \_\_\_\_\_ **Eve** \_\_\_\_\_

**Email** \_\_\_\_\_

**Check which Level you are registering for:**

\_\_\_\_\_ **Level 1 in the year of 20** \_\_\_\_\_

\_\_\_\_\_ **Level 2 in the year of 20** \_\_\_\_\_

**Check the following preferred option of payment:**

**1. \_\_\_ Deposit of \$100.00. Payment of \$1500.00 + 13% HST of \$195.00 = \$1695.00 - \$100.00 deposit = 12 monthly installments of \$132.92 to bring on Day 1.**

**2. \_\_\_ Deposit of \$ \_\_\_\_\_. Payment of \$1500.00 + 13% HST of \$195.00 = \$1695.00 - \$ \_\_\_\_\_ deposit = 12 monthly installments of \$ \_\_\_\_\_ to bring on Day 1.**

**3. \_\_\_ Payment in full of \$1500.00 + 13% HST of \$195.00 = \$1695.00**

**List food sensitivities, if any** \_\_\_\_\_

\_\_\_\_\_

**Do you need carpooling?** \_\_\_\_\_

**Can you offer carpooling? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*Make your cheque payable to: Kathleen Leeson RH  
And mail to: 180 Metcalfe St, Suite 303 Ottawa, Ont. K2P1P5*

**You will receive a registration package upon receipt of this form and your deposit.**