



LAS VEGAS COLON HYDROTHERAPY
 SCHOOL AND CLINIC, LLC
 1815 W. CHARLESTON BLVD, SUITE #5
 LAS VEGAS, NV 89102
 PH# 702-471-0088 ~ FAX# 702-471-6451
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**ENROLLMENT
 AGREEMENT**

COLON HYDROTHERAPY - FOUNDATION LEVEL I
 100 HOUR COURSE (\$1700) + I-ACT (\$225)

Catalog Date: _____ Course Dates: _____
 Name: _____ Preferred Name / Nickname: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Mobile Phone: _____
 E-mail: _____
 Social Security # _____ Birthday: _____
 Occupation: _____ Healthcare Degrees: _____
 Emergency Contact: _____ Relationship: _____ Phone# _____
 Have you ever had a colonic? No Yes How many? _____ Equipment Used: _____
 Previous Colonic Workshop / Classes attended: _____
 What do you expect to do with the experience from this class? _____

How did you hear about the Las Vegas Colon Hydrotherapy School and Clinic?
 I-ACT Publication: _____ Friend: _____
 LIBBE/Tiller, Mind & Body Website: _____
 Other: _____

CREDIT CARD AUTHORIZATION

Card Type: Debit MasterCard Visa Discover American Express
 Card Number: _____ Amount: \$ _____
 Name on Card: _____
 Expiration Date: _____ Last 3 #'s on back of card: _____
 Driver's License Number and Issuing State _____
 Address of Cardholder: _____
 Billing Zip Code: _____ Phone # of Cardholder: _____

*****REFUND / CANCELLATION POLICY*****

I understand the deposit required is \$400, of which \$100 is non-refundable but may be applied to future classes depending upon availability. The \$300.00 balance of my deposit may be refunded though a seven (7) day written notice would be appreciated. **ALL FEES** must be paid in full on the **FIRST DAY OF CLASS**. **THERE ARE NO EXCEPTIONS!** I am fully aware no credit or reduction in cost or hours will be given for any previous training. I also realize that job placement is not promised or guaranteed but resources will be provided when available.

Registration is not valid until all information is completed and processed.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE RECEIVED A COPY OF THE CATALOG AND UNDERSTAND IT IS PART OF THE ENROLLMENT AGREEMENT

 Signature of Student / Date

 Signature of School Representative / Date