

# Total Health School Of Nutrition



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FAX # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

## **PAYMENT \*Program cost includes textbooks)**

\_\_\_\_\_ **Module 1 - \$700 Due upon registration, prior to receiving module.**

\_\_\_\_\_ **Module 2 - \$700 Due prior to receiving module.**

\_\_\_\_\_ **Module 3 - \$700 Due prior to receiving module.**

\_\_\_\_\_ **Module 4 - \$700 (includes final exam for diploma) Due prior to receiving module.**

**All fees must be paid by money order or cheque payable to: Darlene Blaney**

**Disclaimer:** "I understand the Total Health School of Nutrition, is not responsible for the information outlined by each author. This program was put together to serve as an informational guide and reference source for both professionals and non-professionals. The remedies, approaches, and techniques described in the material are meant to supplement, and not to be a substitute for, professional medical care or treatment."

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**I have read and understood the Total Health School of Nutrition "Student Handbook" and will abide accordingly.**

**Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_