Register Now The Balnea Institute

The Balnea Institute
School of Complementary Therapies

Please Print (LAST) (FIRST) (MIDDLE)

- ☐ Mr.
- ☐ Ms.
- ☐ Mrs._____

HOME ADDRESS_____APT. #_____

CITY_____PROVINCE_____POSTAL CODE_____

HOME PHONE (____)_____ DAYTIME PHONE (____)_____

CELL (_____) _____ FAX (_____)_____

EMAIL ADDRESS: _____

HAVE YOU EVER BEEN A STUDENT AT BALNEA? ☐ YES ☐ NO

ARE YOU WORKING TOWARDS A BALNEA CERTIFICATE OR DIPLOMA? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE NAME OF THE CERTIFICATE OR DIPLOMA

_____

COURSE NAME	COURSE COST	DATE OF COURSE

Course Cancellation Policy

Full payment is required 2 weeks prior to the start of the course (payment plans may be available)

Cancellation more than 14 days prior to course start 100% refund

Cancellation less than 14 days prior to course start 50% refund

Same day cancellation 0% refund

In case of illness a doctor's note is required.

Exams are to be taken on the day designated or an additional charge may apply.

This form must be completed, signed and returned in person, by fax or email prior to course start.

☐ CHEQUE/MONEY ORDER ENCLOSED
☐ I HEREBY AUTHORIZE USE OF MY CREDIT CARD
(a 2.5% service charge applies if you use credit card)

☐ VISA ☐ MASTERCARD

CARD #_____

EXPIRY DATE_____

SIGNATURE_____

The information on this application is used for the administrative and statistical purposes of Balnea Institute. Credit card data is used only for fee payment and is not provided to any other agency. By signing this application, I acknowledge that the information provided is accurate and complete and I have read & understood the cancellation policy. Please make cheque payable to the Balnea Institute.

SIGNATURE OF APPLICANT

_____

DATE _____

BALNEA
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info@balneacanada.com