



First Name: _____ Last Name: _____

Date of Birth: _____ Gender: __ Male __ Female

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day _____ Evening _____ Cell _____

E-mail address _____

I am interested in the following programs:

Oriental Bodywork Program (\$5,000)

Oriental Herbal Medicine Program (\$1,750)

Combined Oriental Bodywork and Herbal Medicine Program (\$6,500)

How did you hear about us? _____

Tell us a little about yourself _____

Why are you interested in this class and what are your expectations? _____

Previous experience and/or study in health related field _____

Other information _____

Signature _____ Date _____

When completed, this application form can be mailed to:

Elements of Healing

21 Essex Way Suite 109

Essex Junction, VT 05452