

BIORESONANCE THERAPY



BIORESONANCE ACADEMY ENROLMENT FORM

TITLE:	NAME:
ADDRESS:	POSTCODE:
PHONE:	MOBILE:
EMAIL:	DATE OF BIRTH:

PLEASE ENROL ME ON THE FOLLOWING COURSE:

- LEVEL 1 - ANATOMY & PHYSIOLOGY DIPLOMA** £625.00 (Exam fees apply)
- LEVEL 1 NUTRITION & DIET DIPLOMA** £625.00 (Exam fees apply)
- LEVEL 2 - BIORESONANCE DIPLOMA 12 DAYS DURING A YEAR** £2995
- MARS 111 PRACTITIONER TRAINING – CERTIFICATE 4 DAYS** £595.00
- CLINICAL HYPNOTHERAPY** £1295.00

PAYMENT DETAILS

CREDIT / DEBIT CARD NO: _____

START DATE:	EXPIRY DATE:	SECURITY NO:
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I WOULD PREFER TO RECEIVE MY ASSIGNMENTS (tick as appropriate)

- ONLINE BY POST

SIGNED BY STUDENT:	DATE:
SIGNED BY ACADEMY ADMINISTRATOR:	DATE: