



CANADIAN COLLEGE OF HUMANITARIAN MEDICINE (CCHM)

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REGISTRATION AGREEMENT NORTH AMERICAN STUDENT

CCHM offers professional post-graduate courses in integrative, homeopathic medicine and Bio-Medical Acupuncture geared towards, allopathic, chiropractic, osteopathic, dentist, dental hygienist, physiotherapists, nurse and other degree registered or licensed healthcare practitioners who are seeking to expand their knowledge and expertise in the above areas or for Humanitarian Medicine Mission.

CCHM programs are post-graduate diploma programs therefore potential applicant must provide proof of educational status before acceptance is granted.

Complete and mail in this form with payment and proof of education

Last Name _____ First Name _____

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I wish to register for Course Module/certificate:

Payment Method:

Preferred method of payment is certified cheque, or credit card #: () Visa () MC.

Name _____ Exp. Date: _____ Amount: \$ _____

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Professional Development/Certificate /Workshop Seminar Course/Homeopathic medicine or Bio-Medical Acupuncture modules: Fees must be paid in full for each segment at least two weeks before commencement of course. Fee is non refundable but may be defer to another seminar/workshop.

I, Understand that I am fully responsible for payment of financial obligation under the above term and conditions.

I certify that I have read and understand the above information and affix my signature of my own free will.

Signature

Date