



CANADIAN COLLEGE OF HUMANITARIAN MEDICINE (CCHM)

Research department of World Organization of Humanitarian Medicine educational Institutions network.

Registration agreement

Last Name _____ First Name _____

Address _____ Postal Code _____

Home Phone No: _____ Work Phone No: _____

E-mail: _____ Profession: _____

I wish to register for the following program:

- Homeopathic medicine diploma
- Integrative medicine diploma
- Professional development certificate
- Integrative medicine diploma
- Integrative medicine diploma
- Integrative health coaching diploma
- Nutritional Medicine diploma
- Humanitarian medicine certificate

Name of course module/certificate: _____

(See course fee for each PD certificate or module)

Payment Method:

Preferred method of payment is certified cheque, or credit card. (Complete and mail in this form with payment)

Credit card #: () Visa () MC. _____ Name: _____

Exp.date: _____ Amount: \$ _____ (see course fee for each seminar or module)

Payment Arrangements:

Refund Policy:

For diploma programs payment in full for each module and for certificate courses payment in full each certificate must be received at least two weeks before commencement of course. Payment is non refundable but maybe defer to another course or later date.

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

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

Student Signature

Date