

Wellness Solutions

School of Natural Therapies

Name _____ Home Phone (_____) _____

Address _____ Apt/Suite # _____

City _____ State _____ Zip _____ Country _____

Occupation: _____ Birth Date: _____ S.S. # _____

Phone _____ Fax _____ email _____

List Previous Health Care Degrees, Workshops Attended _____

Had Colon Hydrotherapy? _____ Number _____ Name CH Device? _____

What do you expect to do with the experience you get from this Workshop?

PRINT YOUR NAME AS SHOULD APPEAR ON CERTIFICATE OF COMPLETION

WHO DID YOU FIND OUT ABOUT OUR SCHOOL? _____

Dates of Workshop You are attending: _____

Pre-Study Material will be sent to you following registration.

Who do we notify in the event of an Emergency?

Master Card, Visa, American Express, Discover
(circle one)

Name _____

Address _____

Expiration _____ 3 code/4 code for AE _____

Name on Card _____

Phone _____

Signature _____

Investment \$2000.00

Deposit \$555.00

Balance Due \$1445.00

Print Name _____

Phone # _____

(If card owner is different from above)

Make Check payable to Goffe Enterprises, Inc.