

CADUCEUS INSTITUTE
Registration Form

Name _____ Profession _____

Home Address _____

Office Address _____

Office Phone _____ Home Phone _____

Email Address _____ Fax number _____

Where did you learn of our program? _____

Number of years in practice and modalities used _____

Previous homeopathic training and experience _____

I am registering for:

- Module One - Acute Homeotherapeutics
- Module Two - Chronic Case Taking and Analyses
- Module Three - Chronic Case Management
- Module Four - Miasms and Nosodes
- Module Five - Advanced Topics
- Practicum Module
- Clinical Module A and/or B
- Case Supervision - Ten Cases with Two Follow-Ups Each

- Anatomy and Physiology (no registration fee)

Financial Agreement: Tuition for modules One through Five is \$500 each. Tuition for Practicum Module is \$ 750, Clinical Module A is \$850, and Clinical Module B is \$575. Case Supervision is \$600, A&P is \$200. Registration fee for one or more modules at one time is \$100.

A refund of the full tuition is offered if you notify us in writing, within 8 days of our mailing of the first session's materials, that you do not wish to continue the course. In this case, the first session's materials are yours to keep and no further materials will be sent. After that time, no refunds are offered. The registration fee is non-refundable. This agreement is legally binding when signed by you and accepted by our program.

Enclosed is my payment of _____ by (circle one) check / credit card

Visa/MC #
Expiration Date:

3 digit security code:
ZIP Code on Credit Card Address:

Signature

Date