NITE
NATUROPATHIC INSTITUTE
OF THERAPIES & EDUCATION

INTENDED CLASSES FOR THERAPEUTIC BODYWORK PROGRAM

Last Name: _____ First Name: _____

Phone: (_____)_____ Email: _____

This is the class list form, which must be filled out and submitted with your enrollment materials. Please write in each class name in full and the date it meets; this will reserve a seat for you.

Class Name in Full	Date I Will Take This Class	Date of Lab (or *no lab* if appropriate)
Final Exam		N/A

I am aware that if I fail to give 14-day written notice that I will be absent, I must pay a $100 fee to attend the class at a later date. I also understand that I must register at least two days in advance for any class.

_____ _____

Student Signature Date

Note: Registration will not be accepted on the day that class begins.