



INDIVIDUAL CLASS REGISTRATION FORM
For Alumni and Guest Students

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Course Name: _____

Date of Class: _____

Student Status for this class (Tuition listed below):

Alumni	Natural Health (Guest)	Doula (Guest)	Non-Diploma
\$100	\$425	\$500	\$560

I will need housing accommodations for the weekend (\$90 per weekend): YES ___ NO
Housing accommodation payments are not due until the weekend of the course.

Method of Payment:

Credit Card: Fill in information below, print and mail.

Check: Print and include check payable to: NITE, and mail to:
ATTN: Accounts Receivable, 503 E. Broadway St., Mount Pleasant, MI 48858

You can also call (989) 317-4787 to make your payment over the phone after mailing/submitting this form.

Card #: _____ Expiration Date _____ CV# _____

Name on Card: _____ Signature: _____

Address: _____ Phone Number: _____

I understand there are no refunds.

Student Signature: _____ Date: _____

503 East Broadway Street, Mount Pleasant, MI 48858

(989) 773-1714 • contact@naturopathicinstitute.org • www.naturopathicinstitute.org