California Institute of the Healing Arts & Sciences
2377 Gold Meadow Way, Suite 100, Gold River, CA 95670
(916) 484-1700 Email: info@californiainstitute.net

Name: _____
First **Last**

Phone: (_____)_____—_____ **Email:** _____

Choose your course(s) of interest: *

- [ ] Certified Clinical Hypnotherapist
- [ ] Certified Life Coach
- [ ] Certified Herbal Practitioner
- [ ] Certified Holistic Health Practitioner
- [ ] Certified Behavioral Therapist
- [ ] Certified Aromatherapist

When do you plan to start your trainig? *

_____/_____/_____

What benefits do you want to get from taking this course? *

- ( ) Personal Growth
- ( ) New Career
- ( ) Both Personal Growth & New Career

How would you like to handle your tuition? *

- [ ] Payment Plan
- [ ] Pineapple
- [ ] Pay in Full (5% discount)
- [ ] Funding
- [ ] Other

Do you have any special funding such as: *

- [ ] EDD
- [ ] SJDB (Supplemental Job Displacement Benefits)
- [ ] CalWorks
- [ ] VA
- [ ] Rehabilitaion
- [ ] Worker Compensation
- [ ] Other

Have you had any Holistic Training or treatments before? If so, tell us about it. Feel free to add any additonal comments you may have.

_____
_____
_____
_____
_____
_____

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