



Registration Form

Training in digestive and intestinal health

Winter _____ spring _____ summer _____ autumn _____

Last name first name _____

Address _____ Date of birth _____

City _____ postal code _____

Home phone num . _____ Office phone num. _____
cell phone _____

email _____ Date _____

To be provided with your application

Diplomas of studies

Curriculum vitae

Photo passport

Check for \$ 75 non-refundable administration fee

Total amount _____ Amount _____ \$

Signed at _____ date _____

Signature

witness



Payments and Terms

Choose category

Group Rate 4 or more people \$ 3500 per person	_____	\$
Semi-private rate 2 to 3 people \$ 3800 per person	_____	\$
Private course rate 1 person \$ 4000	_____	\$
Fees for intensive courses \$ 4000 per person (10 days)	_____	\$
Rate for couple \$ 7000	_____	\$

Payable in full 30 days before course start

Payment:

Credit card, interact, paypal, check

Send payment, registration form and required documents to:

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