



# Internal Environment Institute

(760)900-6814  
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## **COLON HYDROTHERAPY: DEVICE TRAINING 16 HOURS REGISTRATION AGREEMENT**

First Name (Print as it will appear on certificate) Middle Name Last Name

Address

City State Zip Code

Phone Number Email

DESIRED COURSE DATES: (CHECK WEBSITE FOR DATES)

**WHICH DEVICE DO YOU WANT TRAINING FOR?** (please circle)

OPEN: ANGEL OF WATER / LIBBE

CLOSED: PRIME PACIFIC / SPECIALTY HEALTH PRODUCTS

### **PERSONAL INFORMATION & REQUIREMENTS**

I am currently practicing colon hydrotherapy

Where and whom were you trained by?

I was referred to this Institute by:

### **METHOD OF PAYMENT:**

**TOTAL FEE \$695.** (TOTAL AMOUNT IS DUE 2 WEEKS PRIOR TO CLASS)  
Fee includes \$100 test fee.

NOTE: FEES ARE FOR THE TRAINING OF **ONE** DEVICE - PLEASE CALL FOR FEE AMOUNT IF YOU ARE INTERESTED IN MORE THAN ONE DEVICE

Check # \_\_\_\_\_ in the amount of \_\_\_\_\_ is enclosed.

For your security, if paying by credit card please call IEI at 760-900-6814 with your card details.

Signature Date

The class schedule is subject to change. The student will be notified with sufficient time to make necessary changes. Your space in class is saved once we receive your deposit & forms. This agreement is a legally binding instrument when signed by the student and accepted by the school.