



# Internal Environment Institute

(760)900-6814

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## **BIO-ELECTRIC LYMPH THERAPIST COURSE 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)

### **PERSONAL INFORMATION:**

I am a certified massage therapist / colon therapist: (INCLUDE COPY OF CERTIFICATE)

I am currently a client of Bio Electric Lymph Drainage and have received several sessions.

My BELD therapist is:

I am currently working as a:

I was referred to this Institute by:

### **METHOD OF PAYMENT:**

**TOTAL FEE \$950.00** for 3 days (\$300 REQUIRED FOR DEPOSIT. REMAINING \$650 DUE 2 WEEKS BEFORE FIRST DAY OF CLASS)

Once transferred to a future class no refund available.

**(\$200 is non-refundable)**

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.