

Postal Form

Yes, I want to be a herbalist.

Please register me as a student on your course: **Diploma in Herbal Medicine**.

First Name _____
Last name _____
Address Line 1 _____
Address Line 2 _____
Post code/zip _____
Country _____
Telephone _____
Email _____

Note: We don't give anyone information about our students. And we will only cash your cheque/check after your course has been shipped.

I enclose cheque/check made payable to **The Institute of Natural Healing**, for UK £535 or US \$1105.

Please post this form to:

The Admissions Secretary
Institute of Natural Healing
Overbrook Business Centre
Poolbridge Road, Blackford
Wedmore, Somerset
BS28 4PA, UK

Tel: 0800 781 1715
Outside the UK, phone +44 1934 713 563
Fax: 01934 713492

E-mail: services@inst.org