

# 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 \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

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

I enclose a cheque made payable to **The Institute of Natural Healing**, for UK £606.

**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](mailto:services@inst.org)