

Wisdom of the Herbs 2017 Registration Form

Date: _____

Name: _____ Date of birth: _____

Mailing address: _____

Phone: _____ Email: _____

a) Phone Interview: We request a phone conversation with prospective students before you send us this Registration Form. We are interested in learning about your interests, background and goals for taking the program. I will review highlights of the program and you will have an opportunity to ask questions. Please read over the entire program description before calling. Give Annie a call at 802-456-8122 to make an appointment for your interview.

b) Submit a short essay describing your background and why you would like to participate in Wisdom of the Herbs. Your essay can be a summary of our phone interview conversation.

c) We are only able to accept applicants who are essentially healthy and able to accomplish moderately difficult hiking. Please feel free to contact Annie if you have questions about the physical demands of this program.

_____ (initial) I am essentially in good health and able to participate in moderately difficult hiking.

d) Payment options. Tuition is \$1750. (check one):

_____ Early registration discounted tuition is \$1650. I am enclosing \$250 non-refundable deposit and will pay the balance of \$1400 by April 1, 2017.

_____ I am enclosing \$250 deposit and will pay the balance of \$1500 at the first class.

_____ I have received a VSAC Grant of \$ _____. I am enclosing \$100 non-refundable deposit. I agree that I am responsible for any tuition that VSAC does not cover. I understand that Wisdom of the Herbs School will refund whatever amount of my deposit exceeds the tuition after VSAC has issued the tuition to the School which is after I attend the first class meeting.

_____ I am using the Payment Plan. I have signed the Payment Plan Agreement (a separate form) and am enclosing it along with the \$250 non-refundable deposit.

e) _____ (initial) I agree that by signing this Registration Form that I intend to participate in Wisdom of the Herbs and I commit to making the full payment of tuition regardless of attendance.

Signature _____

Please make checks payable to "Wisdom of the Herbs School".

1005 County Rd. East Calais, VT 05650 ~ 802-456-8122

Website: www.WisdomOfTheHerbsSchool.com

Email: annie@wisdomoftheherbsschool.com