



Blue Heron Academy of Healing Arts & Sciences

Please Check the Certification Class(es) That You are Registering For

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| <input type="checkbox"/> Acupuncture P.Ac eLearning Program - \$540
<input type="checkbox"/> Clinical Nutrition/Weight Mgmt - \$540
<input type="checkbox"/> Personal Trainer - \$540
<input type="checkbox"/> Medical Office Assistant/Chiropractic Office Assistant - \$540
<input type="checkbox"/> Massage Therapy Lymphedema Technician - \$540
<input type="checkbox"/> Acupressure and Chinese Massage- \$540
<input type="checkbox"/> Holistic Health Practitioner (HHP)-\$1000
<input type="checkbox"/> Holistic Health Consultant (HHC)-\$395
<input type="checkbox"/> Herbal Medicine-\$395 | <input type="checkbox"/> Pathology 1- \$395
<input type="checkbox"/> Pathology 2- \$395
<input type="checkbox"/> Anatomy and Physiology- \$395
<input type="checkbox"/> Naturopathic Medicine Consultant - \$2100
<input type="checkbox"/> Kinesiology-\$395
<input type="checkbox"/> General Business Development-\$395.00
<input type="checkbox"/> Home Health Aid-\$395 |
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OR, if you have communicated with an advisor and been given a special tuition cost, please enter it here \$ _____

Advisor's name: _____

Class (es) you are registering for: _____

Date	Name	Social Security Number	
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Street Address	City	State	Zip
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Email Address (required) _____

Home Phone	Work Phone
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Employer Name and Address _____

Education (High School, College, Medical, Vocational) _____

What do you hope to accomplish this course? _____

How did you hear about Blue Heron Academy's eLearning Programs:

Blue Heron Website

Internet Search by _____

Payment Information

<p>Check or Money Orders made payable to Blue Heron Academy.</p> <p>Mail with completed registration form to: Blue Heron Academy, Administration Office 2040 Raybrook SE, Suite 104 Grand Rapids, MI 49546</p> <p>Fax completed registration forms to: (616) 956-7777</p> <p>Please include \$16.95 for Shipping and Handling If you would prefer to have your program mailed to you.</p>	<p style="text-align: center;">VISA <input type="checkbox"/> MasterCard <input type="checkbox"/></p> <p>Please be advised that when emailing this registration form credit card information is not secured. Contact our administration office to provide credit card information.</p> <p>Credit Card:# _____</p> <p>Card Holder Name (Please Print) _____</p> <p>Expiration Date: _____</p> <p>Amt. To be charged: \$ _____</p> <p>Cardholder Signature: _____</p>
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eLearning Refund Policy

All eLearning programs must be paid for in full prior to receiving any eLearning programs and materials. This includes SLM or any other funding programs whose monies must be received prior to shipping material. Once a program is paid for in full all program information and materials will be provided to the student. At the time the program and materials are received by the student there is no refund allowed nor will money be sent back to a loaning or granting institution.

I _____ understand that I can not receive a refund for the eLearning programs once I receive the program and materials.

Signature _____ Date _____