



# NORTHWEST INSTITUTE OF AYURVEDA

## Registration Form

**PLEASE PRINT FORM & MAIL WITH PAYMENT TO:** Northwest Institute of Ayurveda, PO Box 35, Fortuna, CA 95540

**(Returning Students:** Please fill-in your name. Leave the rest of this side blank unless your contact information has changed.)

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Current Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? Friend\_\_ (Name:\_\_\_\_\_) Google Search\_\_ Flyer\_\_ Other\_\_

Do you have a high school diploma or equivalency? \_\_\_ Yes \_\_\_ No

Post-Secondary Schools—Name/City	Degree	Dates Attended
_____	_____	_____
_____	_____	_____

Hobbies/Interests ~ how do you like to spend your spare time?

What do you hope to gain from the Program(s) you are registering for today?

What are your long-term goals?

# Registration Fees

1. Check-off the program(s)/workshop(s) you are registering for today. Check-off your tuition option.
2. Write the total of all the program(s)/workshop(s) you are registering for today in the "Fees Subtotal" box at the bottom.
3. Deduct any discounts.
4. Fill-in your fees total in the "Registration Total" box. This is the amount you either paid in person, online, or are submitting today.
5. Sign and date bottom. Submit your Registration Form along with your payment to: Northwest Institute of Ayurveda, PO Box 35, Fortuna, CA 95540, or pay online.

Programs & Workshops	Option A: Pay Total in Full: <small>by Registration Deadline</small>
<input type="checkbox"/> Self-Care Renewal Course	<input type="checkbox"/> \$1,250
<input type="checkbox"/> Detox Renewal Course	<input type="checkbox"/> \$1,250
<input type="checkbox"/> Ayurvedic Living Program	<input type="checkbox"/> \$2,975
<input type="checkbox"/> Ayurveda Master Class	<input type="checkbox"/> \$2,975
<input type="checkbox"/> Ayurveda Culinary Program	<input type="checkbox"/> \$1,650 (Full Program) / <input type="checkbox"/> \$600 (Module Stand Alone)
<input type="checkbox"/> Aromatherapy Lifestyle Retreat	<input type="checkbox"/> \$1,199
<input type="checkbox"/> Ayurvedic Massage Training Retreat	<input type="checkbox"/> \$2,999
<input type="checkbox"/> Ayurvedic Facials Retreat	<input type="checkbox"/> \$799
<input type="checkbox"/> Panchakarma Therapist Program	<input type="checkbox"/> \$1,499
<input type="checkbox"/> 6-Month Program Extension	<input type="checkbox"/> \$300 (must register within two weeks from last day of class)

**Fees Subtotal:**      \$ \_\_\_\_\_

- Bulk Program Discount:** Discount amount for Registering for multiple programs: —\$ \_\_\_\_\_
- Repeat Discount:** Repeat a Program and Deduct 50% off tuition, \*25% off for: *Aromatherapy, Ayurvedic Massage, Facials Programs*, NO DISCOUNT for *PK Therapist or Cooking Programs*: —\$ \_\_\_\_\_
- Late Fee:** If registering after price has increased, please enter additional fee here: +\$ \_\_\_\_\_

**Registration Total:**      \$ \_\_\_\_\_

I hereby acknowledge that I have read, clearly understand, and agree to uphold all Northwest Institute of Ayurveda Institute Policies including but not limited to: Admissions, Tuition and Fees, Cancellation, Withdrawal and Refund, and Graduation Requirements. I understand it is my responsibility to make payments on time and have read all Institute payment policies regarding late fees and grounds for program dismissal.

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_