

Sound Health Alternatives International, Inc.

Focus Course Enrollment Application

Name: _____ Today's Date: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Country Code: _____
Work Phone: () _____ Home Phone: () _____
Cell Phone: () _____ Fax Number: () _____
Email: _____
Month/Day of Birth: _____ SS #: _____
Date of Class Applying For: _____
Location of Class: _____
Sponsor (if applicable): _____
Which would you prefer? _____ Compact Disk _____ 3.5" Floppy

1. How will BioAcoustics & Vocal Profiling be integrated into your present or planned practice?

2. What services do you presently provide to your clientele?

3. How do you measure success?

4. In what ways do you plan to use BioAcoustic techniques upon completion of your training?
_____ Clinical _____ Training _____ Research

5. Do you want referrals from Sound Health? YES NO

6. How will BioAcoustics fit into your communities' health provider services?

7. a. What computer Operating Systems and programs are you familiar with?

b. On a scale of 1 to 10, 1 being the least confident and 10 being completely confident, how would you rate your computer competency?
1 2 3 4 5 6 7 8 9 10

I acknowledge that the information supplied herein is true and to the best of my knowledge. I further acknowledge acceptance of the stated fee, schedule and refund policy noted below.

Signature

Date

Submission for enrollment does not guarantee acceptance. Limited enrollment.
Application, tuition and necessary forms are due
no later than 30 days prior to class; Late fee applies.
Prices and schedule subject to change without notice.
\$150.00 late fee if not paid within 30 days of class.

To Pre-Register for Class, Complete Payment Information Below:
Subject to Application Acceptance

Focus Course Instruction Fee: \$4400.00

Refund Policy

Refund issued to original payee with written request only. If received more than 60 days prior to class starting date we will issue a full refund. If between 15-60 days prior, 50% refund. Within 14 days, no refund. You may apply the entire amount paid to a future class if taken within one year of payment. If we cancel class, you will be entitled to a full refund unless you have received your class materials, in which case you can reschedule for any future class. Deposits are subject to the same policy. Personal checks must be received no later than 30 days prior to the first day of class applied for.

US FUNDS ONLY

Personal Check ____ Certified Check ____ Money Order ____ Credit ____

MasterCard _____ VISA _____ PayPal _____

If using Credit Card, please complete:

Name on Card: _____

Credit Card #: _____

Signature: _____

Expiration Date: _____