

# *Six Tissue States, Clinical Assessments and Materia Medica*

with **Matthew Wood**

**\$325 per person (includes tax)**

**April 24<sup>th</sup> 2.00 pm – 8.00 pm**

**April 25<sup>th</sup> 9.30 am – 5.30 pm**

**April 26<sup>th</sup> 9.30 am – 4.00 pm**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

cheque enclosed for \$75 non-refundable deposit

post dated cheque enclosed for balance owing

post dated to March 15<sup>th</sup> (15% saving)

\$ 276.25 total (less \$75 deposit) = **balance owing \$201.25**

post dated to April 10th (less \$75 deposit) = **balance owing \$250.00**

Yes, I want lunch on Saturday at \$15

Yes, I want lunch on Sunday at \$15                      please add lunches to your 2<sup>nd</sup> cheque

Print this registration form and the waiver below

Complete them, and return to

3636 Trent Road

Courtenay, BC

V9N 9R4

# *Six Tissue States, Clinical Assessments and Materia Medica*

## Waiver of Liability 2015

I \_\_\_\_\_ (please print your name) understand and agree that, after completion of the weekend workshop on , Six Tissue States, Clinical Assessments and Materia Medica I will not be licensed or qualified to practice as a herbalist nor to diagnose, or treat any medical condition.

I undertake to use all information provided to me during the classes solely for my own benefit. Any adverse consequences obtained by myself or others resulting from the use of information provided to me during the classes shall be solely my own responsibility and I shall not hold liable any of the instructors of the program in any way.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Your name (printed please)

\_\_\_\_\_  
Date