

# Enrollment Agreement



Please print, fill out and fax to: 1-888-201-4186 International fax: 1-847-251-2496  
 Or mail with the appropriate payment to: GIFAM , 3822 Lake Ave., Wilmette, IL 60091

• Billing address

First Name  Middle Initial

Last Name

Address

City  State  Zip

Country  Tel  -  Fax

E-mail  @

Previous Education

Current Employment

Date of Birth  /  /  (MM/DD/YY)

• How did you hear about the Global Institute For Alternative Medicine?

Reflexology Course  
 \$74.99

• Please select the program you're interested in:

**Certified Holistic Nurse Program (CHN)**  
*A combination of Nutrition, Herbology and Energy Healing.*

---

**Total Price** \$1,198.00  
**Paid in full**  
 Please call for payment plan information

**Nurse Energy Healer Program**  
*Healing through the use of energy medicine.*

---

**Total Price** \$599.00  
**Paid in full**  
 Please call for payment plan information

**Nurse Nutritional Consultant Program**  
 Holistic Nutrition and how *diet* can influence health and well-being.

---

**Total Price** \$599.00  
**Paid in full**  
 Please call for payment plans

**Nurse Master Herbalist Program**  
 Therapeutic uses of herbs *and* herbal medicine.

---

**Total Price** \$599.00  
**Paid in full**  
 Please call for payment plans

## Enrollment Agreement - page 2

Please print, fill out and fax to: 1-888-201-4186 International fax: 1-847-251-2496  
Or mail with the appropriate payment to: GIFAM , 3822 Lake Ave., Wilmette, IL 60091

International students please refer to catalog or website for appropriate shipping charges. Add the right shipping amount for your region in place of the domestic shipping charge.

YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST.

### Payment Information

When choosing the payment plan option, you authorize GIFAM to charge the next two payments automatically to your credit card or you may include post-dated checks dated for one and two months after your enrollment date for the second and third payments.

I am enclosing a check or Money Order for \$

Please charge my credit card:  Visa  MasterCard  Discover  American Express

Credit card #

Exp:  /

Amount: \$

Name on card:

Address of cardholder (if different from billing address above):

You have the right to cancel this agreement, including any equipment or other goods and services included in the agreement, and receive a full refund (less a deposit or application fee not to exceed \$75.00) until: (a) midnight of the first day of instruction for regular courses. Your cancellation takes effect when you give written Notice of Cancellation to the Director of this school at the address above. Any written expression that you wish not to be bound by this agreement will serve as a Notice of Cancellation of this agreement if provided to the school by midnight of the first day of instruction. If you mail your Notice of Cancellation to the school, it becomes effective as of the postmark, if properly addressed with proper postage. You are due a complete refund within 30 days after the school receives a valid Notice of Cancellation. However, if you have received any equipment, you must return it to the school within 30 days of the date of the Notice of Cancellation. If you do not return it, the school may deduct the documented cost of the equipment from the amount of the refund.

#### Refund Policy

**0-30 days after enrollment:** Full refund (minus \$35 processing fee) **31-60 days after enrollment:** 50% refund (minus \$35 processing fee).  
**61+ days after enrollment:** No refund.

#### Cancellation Refund Example

A student enrolls in the Certified Holistic Nurse program and pays \$1,198.00. The student cancels upon reviewing the online classroom within 30 days of enrollment. The student's refund would be \$1,163.00 (\$1,198.00 less the \$35.00 processing fee).

**My signature below certifies that I have read, understood and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. I have read the school catalog, understand and agree to its terms.**

Authorizing signature:

---



GLOBAL INSTITUTE FOR ALTERNATIVE MEDICINE  
3822 Lake Ave., Wilmette, IL 60091  
Phone: 1-800-410-0612 | Fax: 1-888-201-4186  
Phone: 1-847-251-2496 | Fax: 847-251-3435

[www.GIFAM.org](http://www.GIFAM.org)  
e-mail: [administration@gifam.org](mailto:administration@gifam.org)