

InSideOut & WithIn, Inc.

I-ACT Level I Pre-Registration 6 day Workshop

Name _____ Date of Birth _____
Social Security No. _____
Drivers License No. _____
Home Phone _____ Alternate # _____
Fax # _____ Cell # _____
Email mail address _____
Street Address _____
Emergency Contact: address and phone number: _____

Occupation: _____
Educational Status: High School Degree (circle yes or no)
College Education: _____
Additional educational _____
Do you have any experience in Health Care? _____

Any previous health care or colonic experience? _____

Class size is limited to 3 students. Tuition Fee of \$1500.00 is required. Pre-register with a \$400.00 deposit to reserve your space. Deadlines for deposits will be contingent upon the class dates that you register for. Please call to confirm your interest. You can pay by check, cash or credit card.

\$200.00 of Registration Deposit is Nonrefundable. A balance of \$200.00 ONLY is refunded with a 7 Business Day Written Notice of Non-Attendance, which may be applied to future workshops.

- To protect your credit card safety I prefer to process your credit card payment by phone. Your receipt can be faxed or emailed to you.
- Additional class and hotel information will be sent to you shortly.
- I am making my payment by:

Any questions or concerns please contact Janice Jackson @ 281-561-8181, email me @ www.jacksoninsideout@aol.com or fax registration form to 281-561-8222.

16239 Alametos Drive, Houston Texas 77083