# NHI registration form

When Registering by mail or fax, complete this form

Fax to 1-877-651-4303 or mail to:
NHI - Natural Health Institutes
Box 31029 RPO Broadway & Taylor
Saskatoon, SK S7H 5S8 Canada

First Name: _____Last Name:_____

Street Address: _____

_____

City: _____Province/State: ____Postal/ZIP Code:_____Country: _____

E-mail:_____Phone: _____Fax:_____

| Course or Diploma title(s) | Price |
|---|---|
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| | |
| | |
| TOTAL | |

Personal Cheque is attached Yes____ No ____

If you're using a Credit Card—only fax, mail, telephone or use our secure online registration. Never send your credit card number to anyone in an E-mail.

Credit Card info:
Payment type (please circle) VISA Mastercard

Name appearing on credit card:

Account number:

Expiry date (month/year):

Amount:

Signature

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