

Introductory Program - Application for Admission

Edison Institute *of* Nutrition

203-127 Main Street
Fredericton, N.B.
E3A 1C6 Canada

Phone: 1-800-456-9313
Fax: 1-888-466-5574
E-mail: info@edisoninst.com

Instructions: Please complete the following application form and mail or fax it to the Edison Institute of Nutrition.

Applicant Data

Please type or print clearly and be sure to complete and sign the back page of this application form.

Name of Applicant _____ Date of Birth _____

Address _____

Shipping Address (if different than above) _____

City/State/Zip Code/Country _____

Telephones (incl. area code): Home _____ Work _____ Fax _____

E-mail address _____

Program of Study

Please indicate the courses you are requesting:

- Introduction to Holistic Nutrition (4 base subjects plus 1 elective)

Included base subjects

Holistic Nutrition
Vitamins & Minerals
Digestion
Allergies

Choose one elective

- Pediatric Nutrition
 Nutrition & Aging
 Nutritional Cardiology
 Body-Mind Nutrition
 Sports Nutrition

Please indicate if you are requesting any additional elective subjects:

- Include additional elective subjects. (*You may also order these at a later date.*)

Indicate additional elective subject(s)

- Pediatric Nutrition
 Nutrition & Aging
 Nutritional Cardiology
 Body-Mind Nutrition
 Sports Nutrition

Please turn over the page→

Payment Information

Please indicate the courses you are including payment for:

Introduction to Holistic Nutrition

\$500 - includes all tuition fees, shipping, text books, and applicable taxes.

Additional elective subjects.

\$110 per additional subject - includes all tuition fees, shipping, text books, and applicable taxes.

Please indicate the total payment amount: _____

Please indicate method of payment:

VISA

MasterCard

American Express

Money Order

Certified check

Please provide the following information if paying by credit card:

Card Number _____ Expiry ____/____

Name of Card Holder (please print) _____

Authorized signature of card holder _____

Address and phone if different to applicant _____ Phone _____

Additional Information

Please include here any additional information relevant to your application (include extra pages, if necessary):

Agreement

I fully understand that all of the course and study materials supplied to me by Edison Institute of Nutrition (EIN) are for my own personal use only. I agree not to share this confidential information with any other person, group, company or organization. I agree not to reproduce or transmit the whole or any part of this course by any means whatever, electronic or mechanical, including photocopying or by any information storage and retrieval system.

I hereby fully understand and agree that acceptance by EIN is provisional and that I may be removed from any EIN instructional program at any time, without recourse, for failure to meet its standards. I also agree to accept all financial conditions and agreements.

I clearly understand that nutrition is a science of wellness whose sole purpose is to teach me how to build and maintain nutritional well-being, both for myself and others. I also understand that the teachings or methods or nutrition are not for the purpose of diagnosing disease nor for providing medical advice. Should I engage in such behaviour, I do so entirely at my own risk and discretion. If medical care should be required, it is the recommendation of EIN and its authors and publishers that capable, qualified medical personnel be consulted.

EIN offers its published material and courses simply for informational purposes, and I specifically relieve EIN and its authors and publishers from any responsibility for the consequences of following any of the recommendations contained in material offered by EIN.

I understand that EIN's programs are not designed to meet any national, state or local licensing or credentialing laws and that it is my responsibility to investigate this area thoroughly.

I release EIN and/or its authors, publishers and instructors from any damages, claims or liabilities whatsoever, as a result of the information presented.

I hereby certify that all of the above information presented by me is true and accurate.

Signed _____ **Date** _____

For Office Use Only: