

# Introductory Program - Application for Admission

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## Edison Institute of Nutrition

208-137 Main St.  
North  
Markham, ON  
L3P 1Y2 Canada

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

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

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### Applicant Data

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**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 \_\_\_\_\_

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### Program of Study

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**Please indicate the elective you are requesting with the Introductory Program:**

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

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### Additional Information

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

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## Payment Information

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- Introduction to Holistic Nutrition  
\$560 - includes all tuition fees, text books,  
5% GST on texts and application fee (\$25.00).

**Please indicate the total  
payment amount:**

\$ \_\_\_\_\_

**PLEASE NOTE THAT SHIPPING IS EXTRA – CALL FOR AMOUNT**

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**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 \_\_\_\_\_

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## Agreement

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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 of nutrition are not for the purpose of diagnosing disease or 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 \_\_\_\_\_