

# Introductory Program - Application for Admission

Edison Institute *of* Nutrition

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Fax: 1-888-466-5574  
E-mail: [info@edisoninst.com](mailto:info@edisoninst.com)

**Instructions:** Please complete the following application form and email 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 of this application form.*

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
MM/DD/YYYY

Address \_\_\_\_\_

Shipping Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Telephones (incl. area code): Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**Yes**  **No** I would/would not like to receive the Edison Institute monthly newsletter. Newsletters include the latest nutrition information, protocols, products, webinar group discussion and employment opportunities.

## Program of Study

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

Introduction to Holistic Nutrition (3 base subjects plus 1 elective)

**Included base subjects:**

Fundamentals of Nutrition

Digestion

Allergies

**Choose one elective:**

Pediatric Nutrition

Nutrition & Aging

Nutritional Cardiology

Body-Mind Nutrition

Sports Nutrition

## Additional Information

*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

**\$775.00** – includes all tuition fees, textbooks and \$50.00 application fee.

**PLEASE NOTE:** Shipping and applicable taxes are additional and based on the student's location.  
Shipping fees will be quoted upon receipt of application.

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*Please indicate method of payment:*  Interac On-line Payment (payable to: Edison Institute of Nutrition; email: info@edisoninst.com)

VISA

MasterCard

Money Order

Certified cheque

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*Please call us with your credit card information - do not include in email application.*

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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 program at any time, for failure to meet its standards, without recourse.

I agree that the timeframe for completion of the Introductory Program is within **1 year** of start date. A **\$75.00** reactivation fee will apply for extension beyond the 1-year timeframe.

I agree to accept all financial conditions and agreements. A full refund of tuition fees, minus the \$50.00 application fee, will apply if cancellation is received in writing within 10 days from the commencement of the program. Withdrawal after 10 days results in no tuition refund. All unused current edition texts and curriculum materials must be returned to EIN in new, resalable condition prior to refund. A 15% processing fee will apply, and the text/materials must be returned at the expense of the student. Authorization must be obtained before returning any course material.

Tax receipts will be issued for the current tax year based on work completed during the tax year.

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 my family. I also understand that the teachings or methods of nutrition are not for the purpose of diagnosing disease or for providing medical advice and 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 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 \_\_\_\_\_