

NORTH AMERICAN INSTITUTE

 **MEDICAL
HERBALISM.**

Application and Enrollment Rainforest Retreat 2020

Full Name: _____

Email address: _____

Phone: _____

Mailing Address: _____

Vehicle license plate _____ Cell phone _____

Any current school attended (herbal, naturopathic, acupuncture, other) or school attended within the last 12 months (same as above). _____

____ I am applying to attend the NAIMH Rainforest Retreat from July 5-10, 2020 near Rhododendron, OR..

____ I understand that the fee for the course is \$495, or for enrolled students or recent graduates, \$395, or \$150 for a camping partner sharing a vehicle and tent who will not be taking part in activities. (Early Bird Pricing until May 1 at Web Store). The fee does not include transportation or food, but does include camping fees and all class activities and plant walks, and a CE Certificate for 32 hours.

____ There is no charge for children, but parents or guardians are responsible for children at all times, if children are younger, they may not be able to participate in all hikes and activities.

____ I understand that payment in full along with this form is necessary to hold a spot. Enrollments canceled by 6/5/2020 will be refunded at 75% of the pre-payment.

You may pay tuition online through links at <https://www.naimh.com/rainforest-registration> or mail them with check, money order to the address below.

____ I understand that tuition is fully refundable if the trip is cancelled by NAIMH, but that if the trip is cancelled for any reason, no travel or other expenses will be refunded. We encourage you to use an airline ticket or an airline that has refundable or transferable tickets (Southwest allows transfers of any ticket with a very nominal fee.)

____ I cannot afford the full course fee and request financial assistance.

____ I understand that certain risks are inherent in camping and hiking in natural settings, and take full responsibility for such risks.

Check the boxes above and sign below, either physically or electronically in the WORD document.

Signature (physical or typed) _____ Date _____ / _____ / _____ /2020

Mail to: Medical Herbalism, P.O. Box 83097, Portland, OR 97231. You may email the signed form or a scanned or photographed image to: bergnerp@gmail.com. Email applications must be received by July 3, 2020