

# Management and Treatment of Cancer with Natural Medicines

## Registration form & Waiver

To register for the Management and Treatment of Cancer with Natural Medicines seminar please print out and complete the Registration form and the Waiver of liability and return them to us with your non-refundable deposit and your postdated cheque.

### Classes will run

April 9 / 10 / 11

Friday 9.30 am – 4.30 pm including 1 hour for lunch (provided)

Saturday 9.30 am – 4.30 pm lecture

Sunday 9.30 am – 3 pm lecture

Cost: \$350.00 plus GST

\$100 non refundable deposit payable by March 1<sup>st</sup> 2010

Balance payable in a post dated cheque of \$267.50 due April 1<sup>st</sup>. 2010.

Cost includes home cooked, organic lunches, tea and fruit snacks.

# Natural Medicine for Cancer Seminar

## Registration form

### About yourself (All information kept confidential)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Health Care qualifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have medical conditions or allergies ? (i.e. bee stings, asthma, diabetes, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical disabilities? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about this course ?

\_\_\_\_\_ Poster      \_\_\_\_\_ Email list      \_\_\_\_\_ Word of mouth /friend      \_\_\_\_\_ Other  
\_\_\_\_\_ Common Ground      \_\_\_\_\_ Herbal Collective      \_\_\_\_\_ BCNA journal

Please enclose your \$100 non refundable deposit and the balance payable in a post dated cheques dated April 1<sup>st</sup> for \$267.50.

Print the registration form, the personal biography page and the Waiver of liability, and return them completed with your cheques made out to Chanchal Cabrera:

Innisfree Farm, 3636 Trent Road, Courtenay BC V9N 9R4

## Waiver of Liability

I \_\_\_\_\_ (please print your name) understand and agree that, after completion of this Natural Medicine for Cancer Seminar I will not be licensed or qualified to practice as a herbalist nor to diagnose, or treat any medical condition.

I undertake to use all information provided to me during the Natural Medicine for Cancer Seminar solely for my own benefit. Any adverse consequences obtained by myself or others resulting from the use of information provided to me during the Natural Medicine for Cancer Seminar shall be solely my own responsibility and I shall not hold liable any of the instructors of the program in any way.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Your name (printed please)

\_\_\_\_\_  
Date

**Your background with herbs**

Please use a separate sheet to describe your previous training or experience with herbal medicine and what you want to get out of this course / why are you taking it?