

**WELLNESS INSTITUTE OF COLON HYDROTHERAPY
LIBBE DEVICE TRAINING AND
RECOGNIZED I-ACT COLON HYDROTHERAPY SCHOOL
DENVER, NJ 07834
973-664-1441
WWW.VALDISPA.COM
E-MAIL: USKACHV@AOL.COM**

Name _____ Home Phone(____) _____

Address _____ Apt/Suite# _____

(Do not Use Po # Cannot UPS Your Study Guide-International Student Please provide Fax Number)

City _____ State _____ Zip _____ Country _____

Occupation: _____ Birth Date: _____ S.S.# _____

Business Phone: _____ fax _____ email _____

List Previous Health Care Degrees, Workshops Attended:

Had Colonics? _____ Number _____ Name of Colonic Equipment? _____

What Do You Expect to do with the experience you get from this workshop? _____

PRINT YOUR NAME AS SHOULD APPEAR ON "CERTIFICATE OF COMPLETION"

HOW DID YOU FIND OUT ABOUT OUR SCHOOL? _____

Dates of Workshop You are Attending: _____ 200_____

Pre-Study Material will be sent to you after registration is processed.

Who do we notify in the event of an Emergency

Name: _____

Address _____

Phone _____

Relationship _____

Cel _____

Master Card, Visa, American Express, Discover
(circle one)

#: _____

Expiration ____/____ 3 Digit Code(____)

Name on Card _____

X _____

Print Name _____

Phone# _____

If card holder name different than above.

Investment \$2995.00

Deposit Paid now \$995.00

Balance Due \$2000.00

\$ 995.00 of Training Deposit is non-refundable

only with a minimum Seven Day Written Notice of Non-Attendance. \$500.00 may be applied to future training should you need to change dates, but the balance which is due on first day of school will be 2495.00.

I do understand all prerequisites for school need to be submitted before first day of school and it's my responsibility to do so otherwise I lose my deposit and can not attend the school _____

***Make Checks payable to
Valdi Spa & Tanning Salon, LLC***