

Work Experience:

Employed/self-employed where?	Period worked	Accountabilities/Duties

Association's memberships:

Association Name	Position held	Member since

Comments:

The above information is correct and true to my knowledge.

_____ **Date**

_____ **Signature**

YOGAYU NATURAL HEALTH INSTITUTE (YNHI)

COURSE BUYING FORM:

Course Number	Course name	Course(s) cost
YNHI - 401.4	HEALTHY AGING & LONGEVITY	
YNHI – 402.4	NATURAL MEDICINE-PEDIATRICS	
YNHI – 403.4	INTEGRATED MENTAL HEALTH CARE	
YNHI – 404.3	GASTROINTESTINAL HEALTH	
YNHI – 405.4	CLINICAL NUTRITION	
YNHI – 406.4	ADVANCED HERBAL MEDICINE	
YNHI – 407.4	COMPREHENSIVE AYURVEDA	
YNHI – 408.4	HERB, DRUGS AND NUTRIENTS INTERACTION	
One time Administration and Registration Fee*		50.00
Total		
Final Total		

VISA/MASTER CARD# _____ Expiration date _____

Name on the card _____

Signature of the course buyer _____

MO, Certified Cheque _____ Print Name _____

*You will not be charged this fee in future when you take more courses.