



## Registration Form (please print)

**Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, & Zip:** \_\_\_\_\_

**Telephone(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please attach relevant biographical information such as prior education, life experience, and familiarity with Homeopathy.**

-----

Return the upper part of this form with your Application & Book Fee. Check or money order only please, made payable to the Nashville School of Homeopathy.

**Full-year Tuition:** **\$2,500.00**  
(May be paid in 3 installments of \$850.00 each.)

**Application & Book Fee:** **\$225.00**

**Drop-in Rate:** **\$150.00/Day**  
**\$250.00/Weekend**