



ENROLMENT FORM

PROGRAM TITLE

Course Code: _____ Course Name: _____
Date: _____

PERSONAL PARTICULARS

Name in English
(Surname First): _____

Name in Chinese: _____

HKID/ Passport No.: _____ Gender: Male Female

Address: _____

Phone No.: _____ Occupation/Profession: _____

Email: _____
(A confirmation email will be sent to you before the course commences)

Qualifications: _____
(Please send copies of certificates to eom@iholistic.org for application of EOM Programs)

Signature: _____ Date: _____

Payment¹: \$ _____

Early Bird² Student/New Graduate Special³ Group Discount

By cash or Credit Card (in person)

Whatsapp or Wechat: (+852) 9886 8085

By cheque⁴ (Bank & No.: _____)

Please make Cheque payable to "Institute of Holistic Healthcare".

Pay-in to Hang Seng Bank⁵ A/C 395-116619-883

¹ **Cancellation Policy:** Applicants will receive full refund of the fees paid if the course is cancelled by IHH. No other compensation whatsoever will be given. In case of cancellation of registration by the applicant, there will be 50% refund if cancelled more than 60 days prior to course commencement; 20% refund if cancelled more than 30 days prior to course commencement; no refund if cancelled within 30 days prior to course commencement. Handling charge for change of student is 20% of course fee (all discounts excluded).

² Early Bird Special valid as Date of Payment Received or as Post-marked if paid by cheque via mail.

³ Student Proof required: Current student or graduated from a full time university program within 3 years.

⁴ Please submit this form and the cheque to Institute of Holistic Healthcare, Room 2306-07, Crawford House, 70 Queen's Road Central, Hong Kong

⁵ Receipt of Pay-in or Transfer should be attached with this enrolment form (Bank or ATM machine printout accepted) and fax to (+852) 2125 8825 or email to info@iholistic.org.