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 www.acornherbschool.com

# Medicine Garden Registration – Spring Intensive 2020

Today's Date \_\_\_\_\_

## Personal Information

Name (legal name) \_\_\_\_\_

Preferred Name (if different) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address (if different from permanent) \_\_\_\_\_

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

## Costs & Payments

### Medicine Garden Spring Intensive Cost: \$444

Payment is due in full at the time of registration. You can send a check or money order with this application, pay online or contact the school to set up a time to pay in person.

### Payment Type

You can send a check, money order or credit card info with this application, pay online or contact the school to set up a time to pay in person. Checks and money orders are payable to: *Acorn School of Herbal Medicine*.

#### How are you paying?

Check     Money Order     Credit Card (below)     Online     At the School

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Online payment: Go to <https://www.acornherbschool.com/medicine-garden-registration.html>

### Credit Card Authorization

I, \_\_\_\_\_, authorize the Acorn School of Herbal Medicine  
(Print First & Last Name)

to charge the above credit card for the payment arrangement that I have selected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Registration Agreement Terms**

- You may cancel this contract at any time during the first 7 days after signing this contract. You must contact ASHM directly during this time to qualify for a refund. After the 7 day period, no refunds will be given. All approved refunds will be made within 30 days from the date of cancellation.
  - We accept payments in cash, check, money order or credit card. We can process all payments at ASHM.
  - Credit card information can be changed at any time by contacting ASHM.
  - All information that is provided is kept confidential. We do not share any personal information with any outside institutions and/or companies.
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***By signing the line below you are agreeing that all entries on this form are true and complete, and you are agreeing to be financially responsible to pay for the Medicine Garden Full Program as given by the Acorn School of Herbal Medicine.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_