INSTITUTE of Health & Healing
A Life Enrichment Center Inc., Company

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CONTINUING EDUCATION REGISTRATION (please print or type)

Course Title:_____

Date(s) of Course:_____

Student Name:_____
Last First Middle initial

Address:_____

City:_____State_____Zip_____

Home Phone:_(_____)_____Cell:_(_____)_____

Email Address:_____

Date of Birth:_____Social Security #:_____

Education Background:

	Name	City/State	Dates Attended	Degree
High School				
College				
Trade/ Vocational Training				

Current Employment History:

Name of Business	Address	City	State

How did you hear about the Institute of Health & Healing?_____
_____

Applicant's Signature:_____ Date:_____

The Institute of Health & Healing is certified to operate by the State Council of Higher Education for Virginia.

State Council of Higher Education for Virginia