YOGAYU NATURAL HEALTH INSTITUTE (YNHI)

(Registered Govt. of Saskatchewan, Licensed Business)

Registration and Course(s) Order Form

(Please Print)

Student Name _____

Permanent Addres	SS		
City			
Province/State		Zip/postal code	
Email Address			
Web site			
Education: (Basic a			
Name of the school	Year graduated	Courses/Subjects	Certificate Diplomas/ Degree obtained

Work Experience:

Employed/self-employed where?	Period worked	Accountal	Accountabilities/Duties	
where.	Worked			
Necociation's mambarehine				
Association's memberships:				
Association Name		Position held	Member since	
Comments:				
The above information is correct and	d true to my kr	owledge.		
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 Administrat	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.