



INDIVIDUAL CLASS REGISTRATION FORM

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Course Name: _____

Date of Class: _____

Amount: \$ _____

I will need accommodations for the weekend (*\$85 for the weekend*): YES _____ NO _____

Method of Payment:

_____ Credit Card: Call NITE at (989) 773-1714

_____ Check: Print and mail form with check enclosed to NITE. 503 E. Broadway St.
Mt. Pleasant, MI 48858

_____ Credit Card: Enter credit card information below, download form as PDF and email to
contact@naturopathicinstitute.info

Card #: _____ Expiration Date: _____

Card Holder: _____ Signature: _____

Address: _____ Phone Number: _____

The above information is correct and I have enclosed my payment. I have read the college catalog and understand the policies and procedures. I also understand there are no refunds.

Student Signature: _____ Date: _____