



Navrung Healing Institution

AADP Board Certified

Course Registration

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Education

Highest Level of Education: _____

Related courses/workshops: _____

Other experience: _____

Certification Courses

(Select Course)

- | | |
|---|--|
| <input type="checkbox"/> Basic Reflexology - 1 week | <input type="checkbox"/> Basic Su-Jok Acupressure - 1 week |
| <input type="checkbox"/> Advanced Reflexology - 2 weeks
<i>(Basic must be completed)</i> | <input type="checkbox"/> Advanced Su-Jok Acupressure - 2 weeks
<i>(Basic must be completed)</i> |

Fees

- | | |
|---|--|
| <input type="checkbox"/> Basic Reflexology - \$350 | <input type="checkbox"/> Basic Su-Jok Acupressure - \$350 |
| <input type="checkbox"/> Advanced Reflexology - \$550 | <input type="checkbox"/> Advanced Su-Jok Acupressure - \$550 |

Payment Options

Square: <https://checkout.square.site/merchant/V5BPYG76WCA23/checkout/J6Q6D2AMBDVYXZG7YTIUQQ2S>

Pay in person prior to the first class: \$25 Registration fee must be paid to attend the orientation (*non-refundable*)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my form may result in my release.

Upon completing the course and practical hours, you will be eligible to apply for the American Association of Drugless Practitioners Board certification.

All fees are non-refundable after the first session, any cancellations 48 hrs. prior to 1st session will be refunded excluding \$25 registration fees.

Signature: _____ Date: _____