

## Registration Form

### Personal Information

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Name:

Address:

City:

State:

Zip:

Home Phone:

Work:

Cell:

Fax:

Email:

Date of Birth:

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### Getting to Know You ( Feel free to include attachments)

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Previous and current general education and work experience:

Diplomas and Degrees:

Homeopathic Education and Experience:

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### Your Comments and Aspirations

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What do you hope to obtain from this course ?

What do you see as the ideal homeopathic training for you and why?

Other Comments:

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**Please return completed registration form with \$75 deposit to:**

BAYLIGHT HOMEOPATHY  
17 CHAPEL STREET  
SOUTH PORTLAND, MAINE 04106