

**MEDICAL
HERBALISM
IN GLOBAL
HEALTH**

Application form

Instructions

Please submit this form with a signed copy of the **MHGH Release Form** and a non-refundable deposit of \$400. You may print and mail the two signed forms to Medical Herbalism, P.O. Box 13758, Portland, OR 97213, or you may scan and email the scanned copies of the 2 signed forms to global@medherb.com. You may send the \$400 deposit as a check or money order made out to Medical Herbalism to the above address, or you may make the payment online at <http://store01.prostores.com/servlet/medicalherbalism/Categories?category=Nicaragua+Training>

Legal name (first, Middle, Last) _____

Date of Birth (month, day, year) _____

Address: _____

Phone: _____ Email: _____

I would like to apply for:

_____ **Option 1 only.** Clinical intensive at the NDI Clinic on Ometepe, Nicaragua. Total cost is \$1800. Includes all classes, food and lodging, and in-country travel (airfare to Managua not included.) March 1-10, 2014.

_____ **Option 2.** Includes all of Option 1 above, plus Spanish language intensive and activities in Esteli, Nicaragua. Total cost (with Option 1 included) is \$2400. Includes all classes, food and lodging, and in-country travel (airfare to Managua not included.) February 23 to March 10, 2014

_____ **Option 3.** Includes all of Option 1 and Option 2 above, plus Miraflor cloud forest exploration. Total cost (with Options 1 and 2 above included) is \$2700. Includes all classes, food and lodging, and in-country travel (airfare to Managua not included.) February 20 to March 10, 2014.

On receipt of your application, MHGH release form, and deposit, we will send you a more detailed enrollment form and instructions to complete the NDI portion of the application and payment.

_____ I understand that the deposit with this application is non-refundable unless either MHGH or NDI cancels the trip. I have read the information packet completely and I understand the schedule for the rest of the enrollment procedure and payments. I understand that I must complete the remaining enrollment procedure and payments in order to attend the course.

Signature: _____ Date: _____