

Pacific School of Herbal Medicine: Class Registration

Mail Registration to:

PSHM
P.O. Box 3151
Oakland, California 94609

Phone: 510-845-4028
Web Site: www.pshm.org

To register for a class, please return one form per student along with a deposit of a third the amount for each class. Please see the registration page on www.pshm.org/registration.shtml for school policies regarding registration. Thank you.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve. Phone: _____

Cell Phone: _____ E-mail: _____

I prefer class herb samples to be non-alcoholic:

Classes I Plan to Attend

Please list the full name of the class, the day and time that it meets, and the exact amount you would like to pay for the class.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

How did you find out about the Pacific School of Herbal Medicine?

Tell us about your interest and experience with herbal medicine (optional)
