## **COURSE APPLICATION**

## **BIORESONANCE MEDICINE**

All applications are subject to review and acceptance by the Academy Board.

The place will be offered in written by Course Principal, and deposit will be refunded in full for those the place may not be offered on this ocassion.

1. General details



## The Academy for Bioregulatory Medicine

## 3. Medical Experience

Required - you must fill in these sections	
- -ull name	
	* Describe type of practice and duration
	4. Accredited Modalities
Address	Please list modalities you have experience or education including short professional CPD seminars or courses
Address	Please tick
	Medical Doctor or Veterinary/Dental Surgeon
	Psychotherapist, Psychologist
Postal address (if different from above)	Accredited complementary practitioners (naturopathy, acupuncture, herbalism, chiropractic)
hone Fax	Non Accredited complementary practitioners (healers, bioresonance.)
lobile	
mail	Other (please make a note)
2. Education	5. Payment details
	The Course Fee for this academic year is $\pounds 3,900$ payable before commencement of the Course. Once place is accepted the fee is nonrefundable.
Iniversity Education	Bank transfer details Account name: BIOMEDIC FOUNDATION Bank name: Barclays Bank, Baker Street, London, UK Account no.: 70631507 sort code:20-69-17 SWIFTBIC: BARCGB22 IBAN: GB80 BARC 2069 1770 6315 07
ligher education (A level or equivalent)	Visa         Master         Exp/
	Card number Please charge my card
	Cheques are payable to "BIOMEDIC FOUNDATION"
Professional education (complementary or specialist courses)	I would like to pay Deposit of £1,000 (*required)
6. Dec	laration
hereby declare and confirm that I will abide by the rules ar	nd information provided in the prospectus and Course handouts

Name

Date

Please send filled in application with payment to:Academy for Bioregulatory Medicine, Biomedic Centre, 23 Manchester Street, London W1U 4DJ