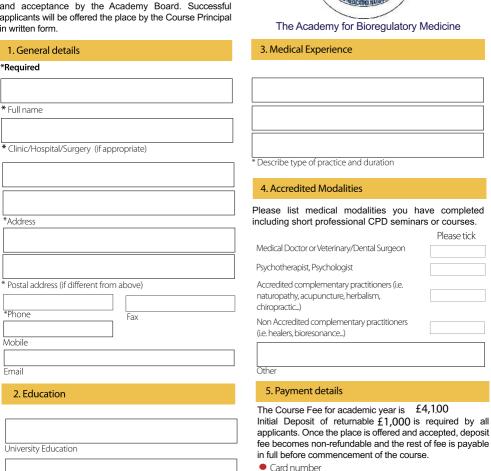
COURSE APPLICATION BIOREGUI ATORY MEDICINE

Please note that all applications are subject to review and acceptance by the Academy Board. Successful applicants will be offered the place by the Course Principal in written form.



* Professional education (complementary or specialist courses)

Name

Higher education

Describe type of practice and duration	
4. Accredited Modalities	
lease list medical modalities you har cluding short professional CPD seminars	
Medical Doctor or Veterinary/Dental Surgeon	r rease tier
Psychotherapist, Psychologist	
Accredited complementary practitioners (i.e. naturopathy, acupuncture, herbalism, chiropractic)	
Non Accredited complementary practitioners i.e. healers, bioresonance)	
Other	
5 Payment details	

rhe British,

 Please enclose cheque in credit of "biomedic foundation" Bank Transfer: Barclays Bank, 20-69-17, account no. 70631507

Please charge my card

Signed

Master

Visa

IBAN: GB80 BARC 2069 1770 631507 SWIFTBIC:BARCGB22 I would like to pay Deposit of *£1,000 I would like to pay full fee

Exp

6. Declaration

I hereby declare and confirm that I will abide by the rules and information provided in the prospectus and Course handouts

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