

Quintessence 55, LLC

Kim Kalina, CCH, RSHom (NA)
(518) 872-1177 ~ q55kjj@gmail.com
www.quintessence55.com

**CEASE Certification**

Complete Elimination of Autistic
Spectrum Expression

Registration Form

Date:

Name:

Address:

Email Address:

Phone:

Professional Degrees/Certifications:

How long have you been in practice as a professional homeopath?

How many chronic cases have you managed since completing your homeopathic training?

How many cases of clients on multiple allopathic medications have you managed?

Do you wish to have your name and contact info listed on the CEASE website?

If so, please list your name and contact info as you would like it to appear:

Payment Information:

Cost of the CEASE Certification Course is \$800 if paid in full by April 1st, 2012; \$900 after April 1st, 2012.

A minimum deposit of \$400 is due upon registration and will secure your place in the course.

Balance due must be completed prior to the start of the course in order to attend; payments will not be accepted on site.

How would you prefer to pay (check, money order, or credit card via Google Checkout)?

How much you would like to pay with your registration (\$400 or \$800)?

Do you need information sent regarding local places to stay?

Thank you for your interest in the upcoming CEASE training in Toronto; we look forward to seeing you on June 22nd!

Please mail or email your completed registration to our administrative office at:

Quintessence 55, LLC
183 Cross Road
Berne, NY 12023
q55kjj@gmail.com