

Credit Card Authorization Form

Method of payment: Credit card only

Contact Name:	
Phone:	
E-mail	

Credit Card Information

Name on card:	
Credit Card Number:	
Credit Card Type:	
Security Code:	
Expiration Date:	
Billing Address:	
Billing Address 2:	
Billing City, Prov/ST	
Zip/PC. Code	

Fees

- *Assessment fee: 200.00 (non- refundable)*
- *Doctoral registration fee: \$1,200.00, renewal, \$600.00*
- *Integrative Medicine Practitioner 800.00 renewal 400.00*
- *Integrative Health Coach 800.00 renewal 400*
- *Student/Supporting member 150.00 renewal 150.00*