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## Application for Advanced Iridologist Program Courses

Name \_\_\_\_\_ Date \_\_\_\_\_

Institution/School/Program \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### **Class Syllabus for Approval:**

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**Application Fee: \$300.00 USD-** to be applied to the Course Fee upon approval of course. If course is not approved, your Application Fee will be refunded.

**Course Fee (Non-Refundable): \$1,000.00 USD** – Upon course approval, IIPA will submit a bill for the balance due, \$700.00, to be paid within 90 days of this approval. OR you may choose to make three (3) quarterly payments of \$300.00 by submitting a credit card. (This quarterly payment option is only available if we have your credit card on file and can run it the first of each quarter when payment is due).

*Select method of payment:*

Enclosed is my check in the amount of \$\_\_\_\_\_.

Please charge my credit card (Visa / Mastercard) in the amount of \$\_\_\_\_\_.

Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3- digit Code \_\_\_\_\_  
(on back of card)

Signature as on card: \_\_\_\_\_