Registration Form
Workshop in Natural Remedies & Hydrotherapy
Andrews University Theological Seminary

CHECK OUR WEBSITE: HTTPS://WWW.ANDREWS.EDU/SEM/CHURCHHISTORYDEPARTMENT/NATURAL-REMEDIES_NEW/

Please Print:
Last Name ____________________________ First Name ________________________________
Title (Dr/Mr/Mrs/Pastor/Miss/Ms, etc. ) ______ Gender ___________ Age _________

Spouse’s Name (if also registering):
Last Name ____________________________ First Name ____________________________ Initial _________
Title (Dr/Mr/Mrs/Pastor/Miss/Ms, etc. ) ______ Gender ___________ Age _________

Mailing Address:
Street/P.O. Box Number _____________________________________________________________
City ____________________________ State ________ Zip __________

Home Phone (____) ______-______ Work Phone (____) ______-______
Fax (____) ______-______ E-mail ________________________@__________________

Highest Degree Earned __________________________
Religious Affiliation ____________________________

Check ONE of the following:
I would like to take this workshop for
_____ a certificate of achievement
_____ continuing education (CEU’s - ministers only)
_____ credit: Type of degree ____ MDiv _____ MAMin _____ MA _____ Undergrad

Please enroll me/us for the WORKSHOP IN NATURAL REMEDIES AND HYDROTHERAPY. Included is my payment of $350 per person (couples $525 total). I am aware that I can make payment by cash, check, or credit card.
I understand I am responsible for finding my own lodging, food and transportation. If you wish to stay at Andrews University, please contact Lodging Reservations: 269.471.3360 or lodging@andrews.edu.

SIGNED ____________________________ DATE __________________

NOTE: Checks should be made out to: Andrews University, and sent to:
Janine Carlos
Andrews University Theological Seminary
4145 E. Campus Circle Drive
Berrien Springs, MI  49104-1515

Questions may be directed to Janine Carlos, email: janinec@andrews.edu (preferred), 269.471.3541, or fax 269.471.6202 (Attn: Janine).