



Workshop Registration Form
Institute of Botanical Training, LLC

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ **State** _____ **Zip Code** _____

Daytime Phone _____ **Evening Phone** _____

Email Address _____

Occupation _____

Employer _____

Please list the workshop you wish to attend:

Workshop Title: _____

Date of Class: _____

Payment Amount Enclosed: \$ _____

Additional Information:

Please make your check or money order payable to the Institute of Botanical Training, LLC. Mail your registration form and payment to the address at the bottom of this page. A deposit of one half the enrollment fee will hold your reservation. However, full payment must be received at least 14 days prior to the start date of the workshop or your deposit is forfeited. A receipt will be emailed to you when your payment is received.

Prior to the class date you will receive an information packet with more details about food, lodging and other logistics. If the class is cancelled for any reason, you will receive notification and a full refund. We reserve the right to cancel classes due to inadequate enrollment or other unforeseen events.

Refund Policy:

If you need to cancel your enrollment in a workshop, we must receive written notification at least 14 days before the class in order for you to receive a full refund. Cancellations made 8-14 days before a class will receive a 50% refund. If you cancel your registration less than 8 days before the class, your payment will not be refunded.

If you have any questions, please call 317-430-6566.

**Please copy this page for your records*