

Florida College of Integrative Medicine
7100 Lake Ellenor Dr.
Orlando, FL 32809
407-888-8689 ph
407-888-8211 fax

Course Registration Form

Name _____

Address _____

Phone #1 _____ #2 _____

License # _____

Course Title _____

Course Date(s) _____

Check # _____ Check Amount _____

MC V Other _____

Exp Date _____ Amount Charged \$ _____

Signature _____

Please fill out completely and fax to FCIM, attn: Director of Student Services
Dates and instructors are subject to change. All registered participants will be notified
immediately of such changes.