

<p style="text-align: center;"><b>DREDDYCLINIC.COM</b></p> <p style="text-align: center;"><i>Integrated Medical Clinic &amp; Ayurveda School</i></p> <p style="text-align: center;"><i>227/124 Banwangtan, Mooban Wang Tan 5, Soi 3, T. Sanpakwan, A. Hang Dong, Chiang Mai 50230, Thailand</i></p> <p>Mobile. (+66) 9-8505066 Phone. (+66)-53-436284 Fax. (+66)-53-436284</p> <p>Email: <a href="mailto:dreddy@dreddyclinic.com">dreddy@dreddyclinic.com</a> Web Site: <a href="http://www.dreddyclinic.com">www.dreddyclinic.com</a></p>	<b>FOR OFFICE USE ONLY</b>
	DATE RECEIVED
	DEPOSIT AMOUNT:
	REPLY DATE & INIT.:
	REPLY DATE & INIT.:

### APPLICATION FOR ADMISSION TO THE AYURVEDIC COURSES

<b>Personal Information</b>	Name	
	Street	
	City, State, Postal Code	
	Country	Email Address
	Daytime Phone	Application Date
	Evening Phone	Academic Year Applying for
	Birth Date	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Education</b>	High School	Year of Graduation
	Colleges	Degree Year
		Degree Year
		Degree Year
		Degree Year
	Studies Related to Health Care	

<b>Employment</b>	
	Current Occupation # of Years
	Previous Occupation # of Years
<b>Interests</b>	What activities do you most enjoy?
<b>Referral Information</b>	How did you learn about The Ayurvedic School?
<b>Other</b>	Do you have any other questions or needs?


## Fee Schedule

### Ayurvedic Studies Level I Program

Registration Fee	* \$50
1st Quarter tuition	\$1,500
2nd Quarter tuition	\$1,500
3rd Quarter tuition	\$1,500
Audit Dr. Bettermann's Class, one session	\$50

### Integrated Medical Program

6 weeks tuition	\$1,450
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Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,

*(Signature)*

*(Print your name)*