

<p style="text-align: center;">DREDDYCLINIC.COM</p> <p style="text-align: center;"><i>Integrated Medical Clinic & 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: dreddy@dreddyclinic.com Web Site: www.dreddyclinic.com</p>	FOR OFFICE USE ONLY
	DATE RECEIVED
	DEPOSIT AMOUNT:
	REPLY DATE & INIT.:
	REPLY DATE & INIT.:

APPLICATION FOR LIVE BLOOD ANALYSIS STUDIES PROGRAM

Personal Information	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"/>
Education	High School	Year of Graduation
	Colleges	Degree Year
		Degree Year
		Degree Year
		Degree Year
	Studies Related to Health Care	

Employment	
	Current Occupation # of Years
	Previous Occupation # of Years
Interests	What activities do you most enjoy?

Personal Goals	What do you expect to learn while you are here?
	How do you plan to use what you learn?
Referral Information	How did you learn about The Integrated Medical Clinic?
	What was the most important factor in your decision to enroll?
Other	Do you have any other questions or needs?

History and Current Usage Application in clinical practice; computerized and video image storage retrieval, and database cataloging system; microscope design, optics and lighting.

FEE STRUCTURE THB 28,000 for the course. Includes course materials, instruction,

- **3 days course THB 28.000 and registration fee 2.000 THB**
- **6 days course THB 48.000 and registration fee 4.000 THB**
- **80 hours course THB 128.000 and registration fee 6.000 THB**

Additional Information

For more information about the course, microscope purchases, lease options, hotel accommodations, etc. call *(+66)-53-436284*

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For more information about the course, microscope purchases, lease options, hotel accommodations, etc. call *(+66)-53-436284*. Special Note: Your completed registration and a non-refundable deposit (see above fee structure) must be received six weeks prior to the training so plan-it-health, Inc can secure the training facility and travel arrangements. The balance is due four weeks prior- If the course is canceled or postponed, your deposit will be promptly returned in full.

Statement of Agreement and Understanding

Medical Integrative Clinic provides the Nutritional Microscopy Training and the Advanced Nutritional Training ("Training") for the purpose of education and dissemination of information for the licensed practitioner of the healing arts and/or their qualified representative(s).

Integrative Medical Clinic does not make any claim or statement, implied or otherwise, concerning the legal authorization to engage in any of the procedure or practices discussed or taught in this Training within any specific state or province within the Kingdom of Thailand.

The information delivered by Integrative Medical Clinic including all printed material, oral presentations, videos, audiovisuals, etc., are the exclusive copyrighted property of Integrative Medical Clinic. No audio or video taping of any or all of the Training is permitted.

Integrative Medical Clinic is interested in maintaining the quality of the training material and techniques presented in the Training.

Therefore, in consideration of my attendance at the Training, I agree that I shall not use any of the information and/or techniques taught during this Training to develop or promote third party teaching trainings or tools of any type. Furthermore, I agree not to use any information, techniques, materials, etc., to train others in the techniques of microscopy or any other topic covered in the Training.

Acceptance into the Training in no way implies that I may lawfully use or employ the microscope or the techniques taught in this Training in my practice or in the practice where I am employed.

I hereby acknowledge and agree that it is my personal responsibility to determine the nature of and comply with all federal, state, professional or license requirements relating to my area of practice as such requirements relate to the use of the microscope in my state or province. I further confirm that neither Integrative Medical Clinic nor any of its agents, directors or employees have made representations to me as to my legal right to use the information taught, any products presented, or the microscope in my practice.

It is mutually understood that this agreement is not intended as a restraint of free trade, but is freely entered into with full knowledge of the restrictions and obligations set forth herein.

I have read the information contained herein, and I understand and agree with all of the above.

Signature _____

Date _____

**Name
(print)** _____

This form must be returned with fees and registration forms for each participant.

Our Account Information's are:



Ayurveda Asia

Ayurveda Asia Co., Ltd.

Siam Commercial Bank Chiang Mai, Thailand

Account No.: 681-2 23180-1

Bangkok Bank Chiang Mai, Thailand

Account No.: 252-4-36123-1